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ABSTRACT

Congressional hearings were held to discuss the proposed national foster care system, which is intended to provide temporary homes for children, most frequently victims of abuse or neglect, when their own families are incapable of providing suitable parental supervision. The committee heard testimony from 11 representatives of state and federal child welfare agencies, family service agencies, and adoption agencies. The testimony discussed foster care policy (which favors leaving children with their families whenever possible) and the need for adoption assistance for special needs children, such as older children and the handicapped. In addition to the testimony, the committee read prepared statements, letters, reports, and other materials provided by experts to document and add details on the status of and need for improvement of foster care in the United States. (The text of a lengthy report called "Children in Search of Tomorrow: The Search for Permanency Planning," compiled by Illinois Action for Children, comprises a large part of the prepared material.) (SKC)

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CONTINUING CRISIS IN FOSTER CARE: ISSUES AND PROBLEMS

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HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, APRIL 22, 1987

Printed for the use of the
Select Committee on Children, Youth, and Families

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CONTINUING CRISIS IN FOSTER CARE: ISSUES AND PROBLEMS

WEDNESDAY, APRIL 22, 1987

House of Representatives,
Select Committee on Children, Youth and Families,
Washington, DC.

The Select Committee met pursuant to call at 9:30 a.m., in room 2261, Rayburn House Office Building, Hon. George Miller [chairman of the Select Committee] presiding.

Members present: Representatives Miller, Boggs, Wheat, Evans, Skaggs, Coats, Durbin, Weiss, Hastert, Grandy, Johnson, and Packard.

Staff present: Ann Rosewater, staff director; Karabelle Pizzigati, professional staff; Ellen O'Connell, secretary; Spencer Hagen Kelly, minority research staff; and Joan Godley, committee clerk.

Chairman **Miller**. The Select Committee on Children, Youth, and Families will come to order. We are meeting today to continue the Select Committee on Children, Youth and Families' examination of children placed out of their homes in the custody of the State.

This hearing will focus specifically on the foster care system which is intended to provide temporary homes for children, most frequently victims of abuse or neglect, when their own families are incapable of providing suitable parental supervision. Foster care is a subject of deep personal importance to me.

A dozen years ago, I initiated an intensive investigation of our nation's foster care program. That query began when an official of the Department of Health, Education and Welfare admitted to me that the government had no idea where many of the 500,000 foster children were living, what services they were receiving, or whether any serious attempt was being made to reunite them with their families.

The role of the government was limited; we paid the bill, often for warehousing children in institutions and inappropriate settings, without services, without accountability, without any significant efforts to address whatever catastrophe had driven them into this Dickens-ian disaster of a system.

We heard stories of children taken from their homes, shipped hundreds of miles away to other states where they were kept for months, or even years, in unlicensed and unsuitable places. And we responded.

In 1980, Congress enacted P.L. 96-272, which established strict accountability mandates and legal safeguards for foster children and their parents. And this reform law, for the first time in our nation's history, used Federal funds to promote permanency and adoptions rather than to prolong indeterminate foster care.

We knew when we wrote P.L. 96-272 that the reforms it mandated would only work under two circumstances. First, that adequate services and review procedures were available to reduce the need for and the duration of placement. Second, that there be vigorous enforcement of the legal safeguards and oversight of the program by the Department of Health and Human Services.

Today, nearly seven years after enactment of the reform law, we are revisiting the continuing crisis in foster care of which I warned a decade ago.

Despite evidence of progress in the early eighties, according to hearings by this committee, the number of children in foster care has once again begun to grow. The committee's recent report, "Abused Children in America: Victims of Official Neglect," shows that reports of child abuse and neglect jumped nearly 55 percent between 1981 and 1985, creating additional pressures on the foster care system.

In addition, homeless families are often forced to place their children in foster care because shelters are rarely set up to accommodate them. And children born to drug dependent parents, too ill or unprepared to properly care for them, have begun to enter the foster care system.

From New York to California, severe strains are subjecting children in the foster care system to abuses. Contrary to the intent of P.L. 96-272, to promote preventive services or adoption where services fail, too many abused and neglected children continue to be placed in foster homes indefinitely.

A recent "New York Times" series detailed the abysmal condition of the foster care program in New York City, a condition exacerbated by the failure of government at all levels to respond to the severe crises confronting children: drugs, physical and sexual abuse, teen pregnancy, and poverty.

As the "Times" notes, the foster care system, far from serving its intended purpose as a refuge from parental neglect, has become in far too many instances a breeding ground for crime and homelessness.

In California, we are finding overloading of the system with children never intended for foster care, for the single purpose of reducing state costs by qualifying otherwise ineligible children for Federal reimbursements.

It is clear that no law can work well without vigorous enforcement by responsible administrators. The shortcomings in the New York and California systems may well be traced back to the absence of that vigorous oversight.

We are going to make this system work. Today we are continuing the process of uncovering the shortcomings and putting the system back together so that it will serve the families and the children who depend upon it.

It will take vigorous oversight and accountability; it will take more adequate resources for services, for reviews, for decent payments to foster families, and for well-trained staff. If anyone believes that it is cheaper to deny those services, I suggest they review the current state of an underfunded foster-care program and contemplate the long-term costs to the children, the families, and to this society of permitting the current crisis to continue for another generation.

[Prepared statement of Congressman George Miller follows:]

PREPARED STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA, AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

We are meeting today to continue the Select Committee on Children, Youth, and Families' examination of children placed out of their homes, in the custody of the state.

This hearing will focus specifically on the foster care system, which is intended to provide temporary homes for children—most frequently, victims of abuse or neglect—when their own families are incapable of providing suitable parental supervision.

Foster care is a subject of deep personal importance to me.

A dozen years ago, I initiated an intensive investigation of our Nation's foster care program. That query began when an official of the Department of Health, Education and Welfare admitted to me that the government had no idea where many of the 500,000 foster children were living, what services they were receiving, or whether any serious attempt was being made to reunify them with their families.

The role of the government was limited: we paid the bill, often for warehousing children in institutions and inappropriate settings, without services, without accountability, without any significant efforts to address whatever catastrophe had driven them into this Dickens-ian disaster of a system.

We heard stories of children taken from their homes, shipped hundreds of miles away from home, to other states, where they were kept for months, or even years, in unlicensed and unsuitable places.

And we responded. In 1980, Congress enacted P.L. 96-272, which established strict accountability mandates and legal safeguards for foster children and their parents. And this reform law, for the first time in our Nation's history, used federal funds to promote permanency and adoptions rather than to prolong indeterminate foster care.

We knew, when we wrote P.L. 96-272, that the reforms it mandated would only work under two circumstances: first, that adequate services and review procedures were available to reduce the need for, and the duration of, placement.

Second, that there be vigorous enforcement of the legal safeguards and oversight of the program by the Department of Health and Human Services.

Today, nearly seven years after enactment of the reform law, we are revisiting the continuing crisis in foster care of which I warned a decade ago.

Despite evidence of progress in the early 1980's, according to hearings by this Committee, the number of children in foster care has once again begun to grow. The Committee's recent report, "Abused Children in America: Victims of Official Neglect," shows that reports of child abuse and neglect jumped nearly 55% between 1981 and 1985, creating additional pressures on the foster care system. In addition, homeless families are often forced to place their children in foster care because shelters are rarely set up to accommodate them. And children born to drug dependent parents, too ill or unprepared to properly care for them, have begun to enter the foster care system.

From New York to California, severe strains are subjecting children in the foster care system to abuses. Contrary to the intent of P.L. 96-272 to promote preventive services or adoption where services fail, too many abused and neglected children continue to be placed in foster homes indefinitely. And children of drug-dependent parents too often are relegated to hospital wards rather than caring homes. These problems have recurred not because of any serious flaw in the law itself, but because of a failure by the Reagan Administration, state governments, and the Congress to make the necessary investments which would reduce the trauma, and the cost, of foster care.

A recent New York Times series detailed the abysmal condition of the foster care program in New York City—a condition exacerbated by the failure of government at all levels to respond to the severe crises confronting children: drugs, physical and sexual abuse, teen pregnancy, and poverty. As the Times notes, the foster care system, far from serving its intended purpose as a refuge from parental neglect, has become in far too many instances a breeding ground for crime and homelessness.

I have just completed an extensive investigation into California's foster care system which uncovered abuses as serious, but different from those reported in New York.

In California, we are finding overloading of the system with children never intended for foster care—for the single purpose of reducing state costs by qualifying otherwise ineligible children for federal reimbursements. In one facility we studied—an out-of-state desert camp hundreds of miles from the children's homes and unlicensable by California—we found few children receiving the services and legal protections mandated by federal law.

That highly critical review of the enforcement of the foster care law, I should point out, was conducted by HHS' Regional Office in California—the same agency charged with enforcing the law. While I am distressed at the widespread abuses documented by HHS and GAO, in a related report, I want to congratulate the Regional Office for its work, which I believe demonstrates the commitment of the regional personnel to improve this system.

It is clear that no law can work well without vigorous enforcement by responsible administrators. The shortcomings in the New York and California systems may well be traced back to the absence of that vigorous oversight. In New York, there have been 6 administrators for the office which supervises the foster care program during the last 9 years. In California, the Governor left vacant the cabinet position which operates the foster care program for more than a year. And we have just learned that yet another change in administrators is about to occur at the federal level.

We are going to make this system work. Today, we are continuing the process of uncovering the shortcomings and putting the system back together so that it will serve the families and the children who depend upon it.

It will take vigorous oversight and accountability—and it will take more adequate resources—for services, for reviews, for decent payments to foster families, and for well-trained staff. If anyone believes that it is cheaper to deny those services, I suggest they review the current state of an underfunded foster care program, and contemplate the long-term costs to the children, the families, and to this society of permitting the current crisis to continue for another generation.

CHILDREN IN FOSTER CARE—A FACT SHEET

NUMBERS OF CHILDREN IN FOSTER CARE INCREASING AFTER SIGNIFICANT DECLINE

The estimated average monthly number of children in AFDC foster care in FY 1987, 109,000, was the highest of any year since 1980. (Congressional Research Service, April, 1987)

In 1977, an estimated 500,000 children were in foster care, dropping to 269,000 by 1983. In 1984, the number of children in foster care rose by 2.6 percent to 276,000. (Department of Health and Human Services [DHHS], August, 1986)

Between 1980 and 1984, state foster care trends varied widely. Twenty-two states showed an increase [e.g., California (40 percent); Illinois (26 percent)], while in 29 states the number of children in foster care decreased [New York (−36 percent); Florida (−35 percent); District of Columbia (−21 percent)]. (DHHS, August, 1986).

In New York City, 23,657 children were in care in 1977, declining to 16,230 in 1983. Currently 17,500 children are in care, with further increases expected. (NYC Human Resources Administration, Office of Special Services for Children, 1987)

In San Francisco, approximately 2400 children were in foster care in 1986, compared to 1400 in 1985. Referrals continue to rise, as does the severity of the offenses requiring intervention, and the number of petitions filed. (Grandin, Interagency Committee on Abuse and Neglect, Mayor's Advisory Council on Children, Youth, and Families, San Francisco, 1986)

INCREASING NUMBER OF INFANTS, CHILDREN AT RISK OF OUT-OF-HOME PLACEMENT

In a survey of the 50 States and the District of Columbia, the number of children reported to have been abused or neglected rose 55 percent between 1981–85. Between 1984 and 1985 alone, child abuse reports increased nearly 9 percent. In addition, many States reported increasingly more serious and complex cases. (Select Committee on Children, Youth, and Families, "Abused Children: Victims of Official Neglect", [hereafter cited as Select Committee], 1987)

In Los Angeles County, dependency petition filings due to excessive drug use by a parent increased 1100 percent, from 241 to 2857 cases between 1981 and 1986. Dependency petition filings due to drug ingestion of minors or infants in drug withdrawal increased 933 percent over the same five year period. In 1986, substance abuse related referrals represented 21 percent of the total 20,096 filings. (McIntosh, Select Committee hearing, "AIDS and Young Children: Emerging Issues," 1987)

In 1985, 1230 live births with drug involvement were reported to the New York City Department of Health, a rate of 10.4 per 1,000 live births—up from 7.9 per 1,000 in 1983. (NYC Department of Health, 1986)

In the New York City public hospitals in November 1986, approximately 100 children age 0 to 2 were awaiting foster care placement; another 50 children were awaiting court or social services determination on appropriate disposition; and 30 more children over age 2 were awaiting placement or disposition. Between 50 and 60 percent of infants awaiting placement for at least ten days had mothers who were drug abusers. (NYC Health and Hospitals Corporation, 1986)

As many as 50 percent of homeless youth seeking housing in New York City shelters had a history of foster care placement. (Shaffer and Caton, "Runaway and Homeless Youth in New York," 1984)

California shelters are experiencing increased admissions of infants and younger children. For example, one country reports that 40 percent of their shelter children are under 6 years of age; another county has over 100 infants in shelter care with the majority diagnosed as failure to thrive or having drug-dependent mothers. (Children's Research Institute of California [CRIC], 1985)

CHILD FATALITIES RISE

The estimated number of child deaths due to maltreatment increased by 29 percent from 1985 to 1986, in contrast to a 2 percent decline in the number of child deaths between 1984 and 1985. (National Committee for the Prevention of Child Abuse, 1987)

Comparison of seven California counties' mortality statistics on foster care and emergency shelter children showed that San Francisco ranked fifth in population, third in total number of children in foster care, fifth in emergency shelter care admissions, but first in number and rate of deaths per 1,000 children in foster care during the study period. ("Deaths of Children in Foster Care and Emergency Shelter Care, A Preliminary Report," Mayor's Committee on Foster Care, San Francisco, California, August, 1986)

New York City's review of child fatalities occurring in families previously known to the division of Special Services for Children revealed a marked increase in the number of fatalities during 1986 which were clearly due to established parental or caretaker abuse. In 1985 there were nine such cases; in 1986 there were at least 14. (NYC Human Resources Administration, 1987)

STATES UNABLE TO KEEP PACE WITH NEEDS TO PREVENT PLACEMENT AND TO PROVIDE PERMANENT HOMES FOR CHILDREN

In 27 of 31 States reporting complete information in response to a survey regarding child protection and child welfare services, resources to serve abused and neglected children declined in real terms, or failed to keep pace with rapidly increasing reports of child abuse. (Select Committee, 1987)

Illinois reports a 43 percent reduction in licensed foster homes between 1983 and 1986, from 7,007 down to 3,954. (Illinois Human Services Plan Phase II, Illinois Dept. of Children and Family Services, 1986)

In California, the average length of stay for a child in shelter care is nearly 40 days. Thus children are remaining for an extended period of time in a system designed to be temporary. (CRIC, 1985)

In San Francisco, workers providing voluntary family support services vital to early intervention and prevention of child abuse are being transferred to out-of-home placement units to assist in handling of increased caseloads. From May 1985 to May 1986 there was a 94 percent increase in the number of cases carried by workers in the Court Dependency Unit, reflecting a shift away from a prevention focus in the handling of the cases. (Grandin, 1986)

Also in San Francisco, court delays and inadequate long-term placement resources are resulting in increased lengths of stay in temporary shelter placements; currently the average young person stays in emergency shelter over two months before moving on. The time needed to resolve petitions increased 77 percent over last year. (Grandin, 1986)

FAMILY PRESERVATION AND SUPPORT PROGRAMS REDUCE OUT-OF-HOME PLACEMENTS

States identified child abuse prevention and treatment programs which, according to evaluations, have successfully prevented child abuse, reduced recidivism, improved family functioning, avoided costly treatment and prevented placement of children in foster care. (Select Committee, 1987)

For example:

District of Columbia.—Since its inception in October 1985, the "Preventive Family Counseling Program" has provided services to 40 families. The program prevented placement of 141 children at imminent risk of removal; only seven children were recommended for foster care placement.

Florida.—The "Intensive Crisis Counseling Programs" (ICCP) served 107 families with 302 children., Of the 196 target children seen only five had been removed by the State at the time ICCP services were terminated (a 97.4 percent success rate). Ninety-two of these familes were still intact. Follow-up at one, three, and six months showed 85.7, 65.5 and 80.0 percent success rates. A conservative estimate indicates that a single ICCP with 3.5 full-time equivalent therapists may net the state $619,290 in avoided placement costs.

Nebraska.—The "Intensive Services Project" served 34 high-risk families during its first year. In 86 percent of the cases (24 of the first 28 cases), placement was averted. A revised and extended version of this project, "Home-Based Family-Centered Services", decreased the number of children placed out of the home by 10 percent in its first two years. In its first year, therapists reunified or prevented placement in 90.4 percent of the 248 families they saw.

Rhode Island.—"Comprehensive Emergency Services" (CES), using parent aides, respite care and early diversionary services, prevented foster care placements in 92 percent of its cases and prevented intervention by the Department of Children and Their Families in 83 percent of its cases. Cost-effectiveness analyses indicate that CES may save the State over $3 million in averted foster care placements.

Virginia.—Of the 715 children at risk of placement who were treated by the "Preplacement Preventive Services Program," which provides family structured therapy and/or home-based services, only 7 percent were removed, and these children remained in placement for a shorter duration than other foster care children. Sixty-nine percent of the 391 families improved in overall family functioning. The average cost to prevent placement is $1,214, while the average annual cost for foster care is $11,173 and for a residential facility is $22,025.

Chairman MILLER. I'd like to recognize the ranking minority member, Congressman Coats.

Mr. COATS. Thank you, Mr. Chairman. I do not have a formal opening statement. I think that this is an important hearing. An ongoing hearing in terms of making sure that we have sufficient oversight and accountability of the foster care system, and I appreciate you calling this hearing.

I'll ask the customary two weeks for myself and other members of the committee to submit additional views to the record. I look forward to the testimony of the witnesses today.

FOSTER CARE MINORITY FACT SHEET

INTRODUCTION

Foster care involves the provision of full-time substitute care for children outside of their parental homes.

Children generally enter the foster care system in one of two ways: either their parents voluntarily place them in foster care, because they cannot meet the children's needs; or the state removes them from homes determined to be abusive or neglectful. Some children also enter foster care through the juvenile justice system.

Foster care is intended as a temporary arrangement which terminates as soon as the children are able to return to live with their parents or can be freed for adoptive placement. However, in many instances children remain in foster care over many years, and may change foster homes many times, without either desirable end result.

The reasons for this situation are many and complex. Many children who enter the foster care system are older, or they may be minority or biracial, or have physical, mental, or behavioral problems which lessen their "adoptabilty." Also, a child cannot be placed for adoption unless the biological parents consent or their parental rights are terminated; and courts may be reluctant to sever the ties of a biological parent who cannot properly care for a child but who is nevertheless sincerely interested in doing so.

At times changes in foster care placement are made because the foster parents can no longer provide the proper level of care. However, for many years changes were routinely made regardless of the suitability of the placment, as it was thought that such changes were required so that the child not become too attached to the foster parents, to the detriment of the birth or adoptive parents.

However, it is becoming increasingly recognized that it is usually in a child's best interest to have continuity of care, either with the biological parents, the foster parents, or in an adoptive home. Thus the current emphasis is on permanency planning, to provide the desired stability in each foster child's life.

STATISTICS AND CHARACTERISTICS

Some, but not all, of the children in foster care receive federal AFDC assistance. An estimated 102,000 children (average monthly number) were in AFDC foster care in FY 86. (CRS IB86055) (see discussion *infra*)

It is difficult to obtain information on non-AFDC (and thus overall) foster care placements. The most recent and complete data on foster care programs administered by state and local child welfare agencies has been gathered by the American Public Welfare Association (APWA) through its Voluntary Cooperation Information System (VCIS). (WMCP 99:14) However, individual states may report the same data in different ways (e.g., some count placements with relatives, while others do not), so even this data it not comprehensive. (S. Prt. 99-58)

VCIS figures indicate that in FY 83: 447,000 children were served; 269,000 children were in foster care at the end of the fiscal year; 184,00 children entered foster care during that year; and 178,000 (or approximately 40 percent of the 447,000 children served by the foster care system) were discharged from care. (WMCP 99:14)

Of those children who left foster care, information from the 28 states which supplied this specific information indicates that: 56.3 percent were reunified or placed with a parent, relative or caretaker; 11.5 percent were placed for adoption or were adopted; 9.4 percent reached the age of majority; and 20.4 percent left for other reasons (running away, incarceration, marriage, death, discharged to another agency, legal guardianship established). (*id.*)

39 percent of the children who entered foster care in FY 83 were 13 years of age or older; and nearly one-half (48.4 percent) or 130,000 of the children in care at the end of FY 83 were 13 years of age or older.

Nearly 70 percent of the children in foster care at the end of FY 83 were in foster family homes, rather than in group care or an institution. (*id.*)

The median length of stay in foster care for children in care at the end of FY 83 was 1.6 years. (*id.*)

At the end of FY 82, 35 percent of all children in foster care had been there less than one year; 27 percent had been there 1 to 3 years; 16 percent had been there 3 to 5 years; and 22 percent had been there for more than 5 years. (S. Prt. 99-58)

In FY 84, an average of 11,770 children each month received payments under the federal Adoption Assistance Act. (*id.*)

In some cases foster care payments far exceeded those paid to welfare mothers with the same number of children. In the District of Columbia, a mother of two children draws $364 per month, while a foster parent receives nearly twice that amount ($9.53 per day for each child under 12, and $9.95 per day for each child over 12, supplemented for special circumstances which require increased expenditures). (However, the welfare mother may be eligible for other types of assistance, such as food stamps.) (Information received from D.C. Office of Public Assistance and Foster Care Office, Department of Human Resources)

OVERVIEW OF FEDERAL LAW

Federal funding, especially for AFDC-eligible children in foster care, was first made available in 1961 under title IV-A of the Social Security Act. The program has undergone many changes since that time, including major revisions contained in the Adoption Assistance and Child Welfare Act of 1980 (AACWA) (Pub. L. 96.272). (CRS Rept. 86-603)

The AACWA transferred AFDC foster care to a newly-created title IV-E of the Social Security Act and changed the funding mechanisms to provide linkages between the foster care program and the child welfare services program under title IV-B of that Act. It also established a new entitlement program under title IV-E for adoption assistance payments to parents who require such assistance in order to adopt AFDC- or SSI-eligible children with "special needs." (*id.*)

PERMANENCY PLANNING

Although designed to provide temporary care, most foster systems find that many of the children who enter their programs remain for extended periods. In the past, little thought was given to the possibly adverse effects of moving a child from one foster home to another; in fact, such transfers were deemed desirable so that the child did not become too attached to the foster parents. This led to such "horror stories" as that of a 17-year-old girl who was moved 26 times during her 11 year stay in foster care, and who faced the prospect of being on her own within a few months (when she turned 18) with no high school diploma or plans for her future. (Abboud)

Over the past several years, however, it has become increasingly apparent that a child's best interest most frequently lies in a permanent care situation, be that with the parents in the family home (the most desirable situation), in an adoptive home, or in another long-term setting. (This approach is mandated by the federal Adoption Assistance and Child Welfare Act, discussed *infra*).

Although adoption is also viewed as a desirable alternative, many foster children are older (nearly half are over 13) or have other special circumstances which can make adoptive placement difficult. (S. Prt. 99-58) Some children do not function well in adoptive placements, but do well in long-term foster care. (Krymow) Finally, legal obstacles may exist to freeing children for adoption in those cases where the birth parents do not voluntarily agree to such placement. (Horowitz and Davidson)

It has been suggested that the foster childs right to a stable and permanent setting should at times outweigh the birth parents' objections to adoptive placement. (Heger) On the other hand, it may be possible for the biological family to work with the foster family, to establish an expanded family unit. (Watson)

As a precondition of participating in the federal AFDC program, states must provide foster care for AFDC-eligible children. States are entitled to matching funds for maintenance payments made for such children in foster care family homes or child care institutions housing up to 25 persons, at the rate of each state's Medicaid matching rate (which averages about 54% nationally). These payments may be made if the child is removed from the home pursuant to a judicial decree; or, in some instances, where the child is voluntarily placed in foster care. (*id.*)

In addition, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (Pub. L. 99-272) established a new program to ease the transition to independent living of AFDC foster children aged 16 or over by, e.g., helping such children complete their high school education or obtain vocational training. (*id.*)

An estimated 102,000 children (the average monthly number) were in AFDC foster care in FY 86. (CFS IB86055)

To date, $637 million has been appropriated for foster care for FY 87, including $45 million for the newly-established independent living program. (*id.*)

However, there is a "shortfall" of $165 million in the title IV-E account, of which $127 is related to the foster care program and $38 million to the adoption assistance program. The shortfall is the result of the failure to enact an FY 86 supplemental appropriation.

The Administration is proposing to make up this shortfall by reprogramming the entire appropriation ($45 million) from the independent living program; reprogramming $22.5 million out of the FY 87 appropriation of $222.5 million in title IV-B child welfare services; reprogramming $11.1 million out of aging research; transfering $5.54 in obligated Social Services Block Grant (SSBG) funds; and requesting new budget authority of $43 million. For the adoption assistance program, the entire $38 million request would come from unobligated SSBG funds. (States may at their discretion, use SSBG funding to provide foster care and adoption assistance funding.)

The AACWA, which is codified at 42 U.S.C. secs. 670 to 675, requires the establishment of a statewide program of services to avoid unnecessary foster care, and "reasonable" efforts by the state welfare agency to prevent foster placement in each case. A state may not receive federal matching funds for any child coming into foster care unless there has been a judicial finding that the agency has made "reasonable" efforts to prevent foster placement.

The Act also requires a statewide program of services to help reunify the family after a child has been placed in foster care. There must be a written case plan to facilitate reunification in those cases where this is viewed as the most favorable result, which plan is to be reviewed by a court or administrative agency at least once every 6 months to insure that it is being fully implemented.

As for children who cannot be returned to their families, the AACWA requires a statewide program of services to secure them alternative homes.

Within 18 months after a child has been placed in foster care, there must be a hearing to determine whether the child should be returned home, placed for adoption, or placed in another permanent home.

As noted, adoption assistance payments are to be made available to adoptive parents to assure that children will not remain in foster care for finanical reasons alone.

The Indian Child Welfare Act (ICWA) (25 U.S.C. secs. 1901 et seq.) provides special protection to Indian children in the context of foster care, guardianship, and adoption proceedings. The ICWA was passed in response to the large number of Indian children who were being placed in non-Indian foster and adoptive homes as the result of state intervention. It recognizes the right of Indian tribes and tribal courts to retain jurisdiction over Indian children in most situations.

"BOARDER BABIES"

A distressing recent development in this area is the increasing number of so-called "boarder babies," or infants who are left in hospitals because their parents are unable or unwilling to care for them. While this development is likely not limited to New York City, recent news accounts have focused on the problem in that city.

Many of these babies are born to drug-addicted mothers, and thus must be detoxified before they can be placed in foster homes, while others have different problems (including AIDS). At some point, however, most become ready to enter foster care; and remaining in a hospital after that time has potentially serious physical and emotional consequences.

The average length of stay of a "boarder baby" is 30 days, but many remain in hospitals for months. Several hundred such babies are thought to be cared for in New York area hospitals, at a cost of between $300 and $800 a day ($9,000 to $24,000 per month) for each.

As long as the children require medical attention, their expenses are covered by Medicaid. Once they are ready for discharge, the State picks up the cost for the first 10 days, and the city's Health and Hospitals Corporation pays the remainder. The total cost is thought to run many millions of dollars per year.

In contrast, foster parents are paid $255 per month, although this can increase to up to $800 per month for children with special needs. Over 4,000 prospective adoptive parents have applied to care for the "boarder babies," but placements have been proceeding slowly because it can take up to 6 months to investigate and evaluate a prospective foster home.

The city has now instituted procedures to expedite placement, including a model program where placement can occur with day care workers or health professionals within 2 weeks.

However, 2 infants recently died shortly after foster care placements, apparently because their foster parents did not properly follow the instructions they were given for their care. This demonstrates the importance of a thorough evaluation of prospective homes to insure that they are in fact suitable, a need which must be balanced against that of the "boarder babies" to receive out-of-hospital care.

LEGAL AND CONSTITUTIONAL ISSUES

(Source: Horowitz and Davidson, 1984) "Legal Rights of Children"

The basic principle underlying permissible state intervention in the family is state involvement in the raising of children should be limited to that which is necessary to protect a child from harm.

Many children who enter foster care are voluntarily placed by their parents. Few legal safeguards accompany such placements, although an administrative hearing may be required at some point.

If a child is placed in foster care pursuant to an abuse or neglect proceeding, additional safeguards accrue, including mandatory hearings to protect parental rights and legal representation for the child.

Foster children are entitled to certain services from the state. These include services necessary for proper maintenance of health and well-being while in foster care, as well as services related to planning for each child's future.

Before a foster child can be placed for adoption, the biological parents must consent to such placement, or their rights must be judicially terminated. In the absence of such termination, a court cannot remove a parent's right to consent to adoption and probably cannot indefinitely stop parental visits with the foster child.

A termination of parental rights completely severs the parent's right to visit or communicate with the child and to receive information about the child. Due to the seriousness of this action, all states require separate hearings based on a special petition or motion. A parent who contests a proposed termination is entitled to a full adversarial hearing.

Terminations are handled on a case-by-case basis based on the particular facts presented in each case. However, there are two general inquiries posed by most courts in making these determinations.

The first inquiry is as to whether the child can or should be returned to the parent within a reasonable time. Factors indicating that the child cannot be returned include extreme parental disinterest (i.e., the parent has demonstrated an unwillingness to take responsibility for the child); the parent's failure over time to remedy the conditions which caused the separation; extreme or neglected abuse or neglect; parental incapacity to care for the child, if that condition will not improve over time and/or with services; and extreme deterioration of the parent-child relationship. The latter factor is usually considered in conjunction with one of the others, but may be sufficient in and of itself, for example, if the child over a prolonged period continuously displays hostility or terror towards the parent.

The second inquiry is whether the termination is in the child's best interest. In other words, will it lead to a more secure and appropriate home for the child?

Only if these two inquiries indicate that termination is appropriate by clear and convincing evidence will this action be taken. (The Supreme Court held in a 1982 decision, *Santosky* v. *Kramer*, that the clear and convincing evidence standard, rather than the more easily met preponderance of the evidence standard) is appropriate in parental right terminations because of the heavy penalty that such termination imposes.)

Although foster care is intended to be temporary, many foster parents adopt their foster children. Many state laws grant them a right to a hearing or other protections before foster children are removed from their homes. However, the Supreme Court declined to rule in a 1977 decision, *Smith* v. *Organization of Foster Families for Equality and Reform (OFFER)*, that foster parents have a protected liberty interest entitled to constitutional due process protections (such as notice and a hearing prior to the children's removal), and most lower courts which have considered this question since that time have ruled that they do not have such an interest.

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Chairman Miller. Mr. Weiss.

Mr. **Weiss**. Thank you very much, Mr. Chairman. I have no prepared statement. These are important, indeed I think critical hearings.

The Subcommittee on Human Resources, which I chair, had an occasion in the course of the last year to look at the administration of the Office for Human Development Services and found the administration of that office to be less than exemplary. I'll be interested to see how it fits into a substantive aspect of the work that they're supposed to be doing.

Chairman **Miller**. Thank you. Congressman Durbin.

Mr. **Durbin**. Nothing at this time.

Chairman **Miller**. The first panel will be made up of the Honorable Dodie Livingston, who is the Commissioner of the Administration for Children, Youth and Families with the Department of HHS, accompanied by Joseph Mottola, who is the Deputy Commissioner for the Children—Administration for Children, Youth and Families; and Jane Burnley, who is the Associate Commissioner of the Children's Bureau for the Department of Health and Human Services.

Welcome to the committee. We'll take you in the order in which I called your names, and your entire statement will be placed in the record. You may proceed in the manner in which you're most comfortable.

STATEMENT OF HON. DODIE LIVINGSTON, COMMISSIONER, ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC, ACCOMPANIED BY JOSEPH MOTTOLA, DEPUTY COMMISSIONER, ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES, DHHS, WASHINGTON, DC, AND JANE BURNLEY, ASSOCIATE COMMISSIONER, CHILDREN'S BUREAU, DHHS, WASHINGTON, DC

Ms. **Livingston**. Thank you very much, Congressman. We are very pleased to be here. As you noted, I am accompanied by my Deputy Commissioner, Joseph Mattola, and Dr. Jane Burnley, the Associate Commissioner in charge of the Children's Bureau.

As some of you probably know, Jane is leaving us effective Friday, but I brought her along because of her extensive expertise in this area and her very important leadership over the last two and a half years in our program at the Children's Bureau.

We appreciate this opportunity to share with the committee the advances states have made in improving their foster care and adoption programs, and to describe the Department's role in the administration of these and other programs for the protection of children.

We are very well aware of your commitment to children and your role in the passage of Public Law 96-272. And we want you to know that although there are criticisms that we have, that we share that commitment and will try to do our best.

We believe that Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, passed by Congress more than six years ago, is one of the most important pieces of legislation ever passed for the protection of children. The goals of this legislation and the goals of the Department in administering this legislation are prevention of unnecessary separation of the child from the parents, improved quality of care and services to children and their families; and permanent homes for children through reunification with their parents or through adoption.

Our philosophy is that if possible children should stay with their parents. If they are already in foster care, they should be reunited with their parents. If children cannot stay with or be returned to their parents, they should be adopted. Therefore, in recent years, we have put major emphasis on the prevention of foster care, the provision of family-based services, and the adoption of children with special needs.

As you are aware, this landmark legislation, the Adoption Assistance and Child Welfare Act of 1980, established a new Title IV-E Foster Care and Adoption Assistance Program and amended Title IV-B, the Child Welfare Services Program, to help bring about changes in how children in foster care are served.

Prior to this legislation, as you noted, thousands of children were stranded in the public foster care system with little hope of being reunited with their families or of having a permanent home through adoption or other permanency planning. ACYF is proud of the efforts states have made in the last six years to implement Public Law 96-272.

Title IV-E of the Social Security Act is an entitlement program that provides payments to states for costs of foster care maintenance for eligible children placed in licensed or approved foster homes or child care institutions. It also provides adoption assistance payments to families who adopt an eligible special needs child.

Special needs children include those who are older, emotionally, physically or mentally handicapped, of minority heritage, or part of a sibling group who should be placed together. Administrative and training costs are also allowable under Title IV-E.

Title IV-B and Title IV-E contain a number of important and specific protections for children, both individual and systemic; to reduce the number of children entering foster care, emphasis is placed on using preventive services for families and children; to reduce the number of children in foster care, a State must establish annual goals for reducing the number of children remaining in foster care over 24 months.

To ensure that children do not drift in the foster care system and to reduce the length of time children remain in care, each child must have a case plan and the plan—one of the most important changes made in Title IV-B, however, was section 427, foster care protections required for additional Federal payments. States are eligible for incentive funds under section 427 if they implement a statewide inventory of all children in foster care and a statewide information system, and establish procedures so that each child in foster care has a case review every six months and a dispositional hearing within 18 months to assure that children are not lost in the system and that the goal of permanency is being achieved.

We can point to important and significant progress in meeting the goals of this legislation. Fewer children are in foster care. The total number of children in foster care has decreased from an estimated 502,000 in 1977 to approximately 275,000 at the end of 1985.

Shorter periods of foster care. In 1980, the median length of time a child spent in foster care was 27 months. By 1985, it was 18 months, a decrease of approximately 33 percent. Recent data indicates that one-half of children leave within nine months and three out of four children leave within two years.

More children are reunited with their families. In 1982, approximately 50 percent of children leaving substitute care were reunited. By 1985, 67 percent of the children leaving foster care were reunited with their families.

Fewer children are in institutions. The number of children placed in institutions has decreased significantly from 70,280, or 14 percent of the 502,000, in 1977, to 27,500, or 10 percent of 275,000, in 1985.

More special needs children have been adopted. In FY 1985, an average of over 21,000 special needs children eligible for Federal reimbursement were receiving adoption assistance payments per month. This has been a remarkable breakthrough since, less than a decade ago, many of these children were considered unadoptable.

More children in permanent placements. In 1984, permanency outcomes were achieved for 83 percent of the 184,000 children who left foster care: two out of three children, 65 percent, were reunited with their families or relatives, nine percent were placed in adoptive homes, and nine percent left foster care upon reaching the age of majority or emancipation.

These indicators strongly suggest that state child welfare systems are better managed and there is a more determined effort to keep children out of the foster care system.

Now, on the Federal oversight I would like to describe some of the major oversight efforts that are currently underway in the Department of Health and Human Services, and specifically in the Office of Human Development Services.

In our section 427 compliance reviews the Department verifies a state's eligibility for additional Title IV-B funds by reviewing state administrative procedures and a sample of case records. Reviews are conducted for the first year of state certification, the subsequent year and every third year thereafter.

In these compliance reviews we look for state implementation of the major protections required by statute, which are a statewide inventory of children, a statewide information system, a case plan for each child, a periodic review of the child's status in foster care every six months, and a dispositional hearing within 18 months of the placement and periodically thereafter.

Currently, all but six states and jurisdictions are meeting these requirements and are receiving 427 funds.

We conduct three types of Title IV-E financial reviews. These are important tools for managing these programs. We conduct financial reviews at the state level both for the foster care maintenance payment program and the adoption assistance program.

We have also begun reviews of state expenditures for administrative costs under Title IV-E because of the dramatic rise of administrative costs charged to Title IV-E and the great disparity in administrative costs per child among states.

While the foster care and adoption reviews focus on the eligibility of the child, the qualifications of the provider, and the amount of the foster care and adoption assistance payment, the administrative cost reviews examine whether the state is adhering to its approved cost allocation plan.

To date, we have conducted 37 foster care financial reviews, nine adoption assistance financial reviews, and seven administrative cost reviews. These reviews covered 77 percent of the children and 69 percent of the claimed foster care dollars. Adoption assistance reviews covered 29 percent of the children and 33 percent of the claimed adoption dollars.

In addition, where special problems or issues arise, we or the Department's Office of the Inspector General will conduct more in depth reviews. For example, the Inspector General is currently reviewing claims from New York and California, states which have extremely large foster care populations and which require more extensive time and work to complete the reviews.

As indicated earlier, one issue of special concern to us is the tremendous growth of administrative costs in these programs. We have sent to Congress a legislative proposal to limit Federal matching of costs to states administering foster care and adoption assistance programs to 50 percent of maintenance costs.

There are large variations among states in amounts claimed for administrative costs under foster care and adoption assistance. Foster care administrative cost claims for fiscal year 1985 were over 500 percent higher than such cost claims for fiscal year 1981. Sixteen states have increased administrative cost claims by over 1,000 percent since fiscal year 1981. Four states claimed more for administrative costs than for maintenance payments in fiscal year 1985.

It appears that states are finding ways to refinance existing services through these entitlements and that the growth of administrative costs does not reflect increases in services, or improved management. Because they are open-ended, administrative costs are expected to continue to grow uncontrollably unless we do something now.

Adoption assistance related administrative costs have a similar potential for growth. Accordingly, our legislative proposal aims to control this rapid growth in administrative cost claims without decreasing payments made to families and institutions on behalf of children in care.

Our legislative proposal also requests repeal of the Independent Living Initiative. We believe this new program is not necessary because states have existing authority to use the $2.7 billion social services block grant funds and the Title IV-B child welfare services funds for the provision of these services.

However, this proposal has not affected our implementation of the Independent Living Program. OMB has apportioned the funds for the program as the Department requested. We are ready to review applications as soon as they are submitted, and will disburse funds to the states as expeditiously as possible. Our goal is to award grants within 45 days after receipt of the complete application.

In order to make progress toward our goal of permanency for all children, we are using the full range of authorities available to us. While Title IV-B and Title IV-E are important, equally important is the Child Abuse Prevention and Treatment Act because of its emphasis on preventing the kinds of problems that lead to foster care placement.

In addition, we use Child Abuse and Neglect Funds, adoption opportunities grants, child welfare training funds, and child welfare research and demonstration projects to focus on critical issues in the field.

Our major initiatives have centered on, one, how we can prevent family disruption and improve family functioning; two, how we can improve the protective services system; and, three, how we can increase the likelihood that, once a child has been placed in foster care, he or she can be reunited with his or her family or placed in an adoptive home.

We have, as you know, we have a number of discretionary initiatives underway, and they are included in the long testimony, so I won't review all of those now.

In summary, we believe that real progress has been made in improving the foster care system in this country. However, we realize that there is always room for improvement. As we work with states and communities in this effort, we are aware that we all share a common goal, which is the protection—which is a protection and permanent home for every child. We pledge to work with the Congress to achieve this goal.

Now we will be happy to take questions.

[Prepared statement of Hon. Dodie Livingston follows:]

PREPARED STATEMENT OF DODIE LIVINGSTON, COMMISSIONER, ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES, OFFICE OF HUMAN DEVELOPMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC, ACCOMPANIED BY JOSEPH MOTTOLA, DEPUTY COMMISSIONER, ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES, DHHS, WASHINGTON, DC, AND JANE BURNLEY, ASSOCIATE COMMISSIONER, CHILDREN'S BUREAU, DDHS, WASHINGTON, DC

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE

I AM PLEASED TO APPEAR HERE TODAY. I AM ACCOMPANIED BY JOSEPH MOTTOLA, DEPUTY COMMISSIONER FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES AND DR. JANE M. BURNLEY, ASSOCIATE COMMISSIONER FOR THE CHILDREN'S BUREAU. ALTHOUGH DR. BURNLEY WILL BE LEAVING THE AGENCY SHORTLY, SHE IS WITH US TODAY BECAUSE SHE HAS DETAILED KNOWLEDGE OF THE PROGRAMS WE WILL BE DISCUSSING. I APPRECIATE THIS OPPORTUNITY TO SHARE WITH THE COMMITTEE THE ADVANCES STATES HAVE MADE IN IMPROVING THEIR FOSTER CARE AND ADOPTION PROGRAMS AND TO DESCRIBE THE DEPARTMENT'S ROLE IN THE ADMINISTRATION OF THESE AND OTHER PROGRAMS FOR THE PROTECTION OF CHILDREN.

I BELIEVE THAT PUBLIC LAW 96-272, THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980, PASSED BY CONGRESS MORE THAN SIX YEARS AGO, IS ONE OF THE MOST IMPORTANT PIECES OF LEGISLATION EVER PASSED FOR THE PROTECTION OF CHILDREN. THE GOALS OF THIS LEGISLATION AND THE GOALS OF THE DEPARTMENT IN ADMINISTERING THIS LEGISLATION ARE:

- o PREVENTION OF UNNECESSARY SEPARATION OF THE CHILD FROM THE PARENTS;

- o IMPROVED QUALITY OF CARE AND SERVICES TO CHILDREN AND THEIR FAMILIES, AND

- Permanent homes for children through reunification with their parents or through adoption.

Our philosophy is that, if possible, children should stay with their parents; if they are already in foster care, they should be reunited with their parents; if children cannot stay with or be returned to their parents, they should be adopted. Therefore, in recent years, we have put major emphasis on the prevention of foster care, the provision of family-based services, and the adoption of children with special needs.

As you are aware, this landmark legislation, the Adoption Assistance and Child Welfare Act of 1980, established a new Title IV-E Foster Care and Adoption Assistance Program and amended Title IV-B, the Child Welfare Services Program, to help bring about changes in how children in foster care are served. Prior to this legislation, thousands of children were stranded in the public foster care system with little hope of being reunited with their families or of having a permanent home through adoption or other permanency planning. ACYF is proud of the efforts States have made in the last six years to implement P.L. 96-272.

Title IV-E of the Social Security Act is an entitlement program that provides payments to States for costs of foster care maintenance for eligible children placed in licensed or approved foster homes or child care institutions. It also provides adoption assistance payments to families who adopt an eligible "special needs" child. Special needs children include those who are older; emotionally, physically or mentally handicapped; of minority heritage; or part of a sibling group who should be placed together. Administrative and training costs are also allowable under Title IV-E.

Title IV-B and Title IV-E contain a number of important and specific protections for children, both individual and systemic:

- To reduce the number of children entering foster care, emphasis is placed on using preventive services for families and children.

- To reduce the number of children in foster care, a State must establish annual goals for reducing the number of children remaining in foster care over 24 months.

- To ensure that children do not "drift" in the foster care system and to reduce the length of time children remain in care, each child must have a case plan and the plan must be reviewed periodically.

One of the most important changes made in Title IV-B however, was Section 427, Foster Care Protections Required for Additional Federal Payments. States are eligible for incentive funds under Section 427 if they implement a Statewide inventory of all children in foster care and a Statewide information system, and establish procedures so that each child in foster care has a case review every six months and a dispositional (judicial) hearing within 18 months to assure that children are not lost in the system and that the goal of permanency is being achieved.

We can point to important and significant progress in meeting the goals of this legislation:

- Fewer children are in foster care. The total number of children in foster care has decreased from an estimated 502,000 in 1977 to approximately 275,000 at the end of 1985.

- *Shorter periods of foster care*. In 1980, the median length of time a child spent in foster care was 27 months. By 1985, it was 18 months, a decrease of approximately 33 percent. Recent data indicates that one-half of children leave within nine months and three out of four children leave within two years.

- *More children are reunited with their families*. In 1982, approximately 50 percent of children leaving substitute care were reunited; by 1985, 67 percent of the children leaving foster care were reunited with their families.

- *Fewer children are in institutions*. The number of children placed in institutions has decreased significantly--from 70,280 (14 percent of 502,000) in 1977, to 27,500 in (10 percent of 275,000) in 1985.

- *More special needs children are adopted*. In FY 1985, an average of over 21,000 "special needs" children eligible for Federal reimbursement were receiving adoption assistance payments per month. This has been a remarkable breakthrough since, less than a decade ago, many of these children were considered "unadoptable."

- *More children in permanent placements*. In 1984, permanency outcomes were achieved for 83 percent of the 134,000 children who left foster care: two out of three children (65%) were reunited with their families or relatives, nine percent were placed in adoptive homes, and nine percent left foster care upon reaching the age of majority or emancipation.

These indicators strongly suggest that State child welfare systems are better managed and there is a more determined effort to keep children out of the foster care system.

Federal Oversight

I would like to describe some of the major oversight efforts currently underway in the Department and in the Office of Human Development Services.

SECTION 427 COMPLIANCE REVIEWS

IN OUR SECTION 427 COMPLIANCE REVIEWS, THE DEPARTMENT VERIFIES A STATE'S ELIGIBILITY FOR ADDITIONAL TITLE IV-B FUNDS BY REVIEWING STATE ADMINISTRATIVE PROCEDURES AND A SAMPLE OF CASE RECORDS. REVIEWS ARE CONDUCTED FOR THE FIRST YEAR OF STATE CERTIFICATION, THE SUBSEQUENT YEAR, AND EVERY THIRD YEAR THEREAFTER. IN THESE COMPLIANCE REVIEWS, WE LOOK FOR STATE IMPLEMENTATION OF THE MAJOR PROTECTIONS REQUIRED BY STATUTE: A STATEWIDE INVENTORY OF CHILDREN, A STATEWIDE INFORMATION SYSTEM, A CASE PLAN FOR EACH CHILD, PERIODIC REVIEWS OF THE CHILD'S STATUS IN FOSTER CARE EVERY SIX MONTHS, AND A DISPOSITIONAL HEARING WITHIN 18 MONTHS OF THE PLACEMENT AND PERIODICALLY THEREAFTER. CURRENTLY, ALL BUT SIX STATES AND JURISDICTIONS ARE MEETING THESE REQUIREMENTS AND RECEIVING SECTION 427 FUNDS.

TITLE IV-E FINANCIAL REVIEWS

WE CONDUCT THREE TYPES OF TITLE IV-E FINANCIAL REVIEWS. THESE ARE IMPORTANT TOOLS FOR MANAGING THESE PROGRAMS. WE CONDUCT FINANCIAL REVIEWS AT THE STATE LEVEL BOTH FOR THE FOSTER CARE MAINTENANCE PAYMENT PROGRAM AND THE ADOPTION ASSISTANCE PROGRAM.

We have also begun reviews of State expenditures for administrative costs under Title IV-E because of the dramatic rise of administrative costs charged to Title IV-E and the great disparity in administrative costs per child among States. While the foster care and adoption reviews focus on the eligibility of the child, the qualifications of the provider, and the amount of the foster care and adoption assistance payment, the administrative cost reviews examine whether the State is adhering to its approved Cost Allocation Plan.

To date, we have conducted 37 foster care financial reviews, nine adoption assistance financial reviews and seven administrative cost reviews. These reviews covered 77 percent of the children and 50 percent of the claimed foster care dollars. Adoption Assistance reviews covered 20 percent of the children and 33 percent of the claimed adoption dollars.

Additional Actions

In addition, where special problems or issues arise, we or the Department's Office of the Inspector General will conduct more in-depth reviews. For example, the Inspector General is currently reviewing claims from New York and California--States which have extremely large foster care populations and which require more extensive time and work to complete the reviews.

PROPOSED LEGISLATION

AS INDICATED EARLIER, ONE ISSUE OF SPECIAL CONCERN TO US IS THE TREMENDOUS GROWTH OF ADMINISTRATIVE COSTS IN THESE PROGRAMS. WE HAVE SENT TO CONGRESS A LEGISLATIVE PROPOSAL TO LIMIT FEDERAL MATCHING OF COSTS TO STATES ADMINISTERING FOSTER CARE AND ADOPTION ASSISTANCE PROGRAMS TO 50 PERCENT OF MAINTENANCE COSTS. THERE ARE LARGE VARIATIONS AMONG STATES IN AMOUNTS CLAIMED FOR ADMINISTRATIVE COSTS UNDER FOSTER CARE AND ADOPTION ASSISTANCE. FOSTER CARE ADMINISTRATIVE COST CLAIMS FOR FY 1985 WERE OVER 500 PERCENT HIGHER THAN SUCH COST CLAIMS FOR FY 1981. SIXTEEN STATES HAVE INCREASED ADMINISTRATIVE COST CLAIMS BY OVER 1,000 PERCENT SINCE FY 1981. FOUR STATES CLAIMED MORE FOR ADMINISTRATIVE COSTS THAN FOR MAINTENANCE PAYMENTS IN FY 1985. IT APPEARS THAT STATES ARE FINDING WAYS TO REFINANCE EXISTING SERVICES THROUGH THESE ENTITLEMENTS AND THAT THE GROWTH OF ADMINISTRATIVE COSTS DOES NOT REFLECT INCREASES IN SERVICES, OR IMPROVED MANAGEMENT. BECAUSE THEY ARE OPEN-ENDED, ADMINISTRATIVE COSTS ARE EXPECTED TO CONTINUE TO GROW UNCONTROLLABLY UNLESS WE DO SOMETHING NOW. ADOPTION ASSISTANCE-RELATED ADMINISTRATIVE COSTS HAVE A SIMILAR POTENTIAL FOR GROWTH. ACCORDINGLY, OUR LEGISLATIVE PROPOSAL AIMS TO CONTROL THIS RAPID GROWTH IN ADMINISTRATIVE COST CLAIMS WITHOUT DECREASING PAYMENTS MADE TO FAMILIES AND INSTITUTIONS ON BEHALF OF CHILDREN IN CARE.

Our legislative proposal also requests repeal of the Independent Living Initiative. We believe this new program is not necessary because States have existing authority to use the $2.7 billion social services block grant funds and the Title IV-B child welfare services funds for the provision of these services. However, this proposal has not affected our implementation of the Independent Living program. OMB has apportioned the funds for the program as the Department requested. We are ready to review applications as soon as they are submitted, and will disburse funds to the States as expeditiously as possible. Our goal is to award grants within 45 days after receipt of the complete application.

PRIORITY ISSUES AND INITIATIVES

In order to make progress toward our goal of permanency for all children, we are using the full range of authorities available to us. While Title IV-B (Child Welfare Services) and Title IV-E (Foster Care and Adoption Assistance) are important, equally important is the Child Abuse Prevention and Treatment Act because of its emphasis on preventing the kinds of problems that lead to foster care placement. In addition, we use Child Abuse and Neglect Funds, adoption opportunities grants, child welfare training funds and child welfare research and demonstration

PROJECTS TO FOCUS ON CRITICAL ISSUES IN THE FIELD. OUR MAJOR INITIATIVES HAVE CENTERED ON 1) HOW WE CAN PREVENT FAMILY DISRUPTION AND IMPROVE FAMILY FUNCTIONING, 2) HOW WE CAN IMPROVE THE PROTECTIVE SERVICES SYSTEM, AND 3) HOW WE CAN INCREASE THE LIKELIHOOD THAT, ONCE A CHILD HAS BEEN PLACED IN FOSTER CARE, HE OR SHE CAN BE REUNITED WITH HIS OR HER FAMILY OR PLACED IN AN ADOPTIVE HOME. THEREFORE, AT THIS TIME I WOULD LIKE TO BRIEFLY SUMMARIZE SOME OF OUR MAJOR DISCRETIONARY ACTIVITIES AND INITIATIVES.

o ENCOURAGING PREVENTION AND FAMILY BASED SERVICES

IN ORDER TO PROVIDE LEADERSHIP AND ASSISTANCE TO STATES, HDS HAS INITIATED A VARIETY OF STRATEGIES TO ENCOURAGE EXPANSION OF PREVENTION AND FAMILY BASED SERVICES:

-- ACYF'S NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES: THE RESOURCE CENTER HAS CONDUCTED STATEWIDE TRAINING AND PROVIDED TECHNICAL ASSISTANCE ON FAMILY BASED SERVICES IN MORE THAN 40 STATES AND IS DISSEMINATING RESOURCE MATERIALS TO THOSE STATES INTERESTED IN PASSING LEGISLATION, DEVELOPING PROGRAMS, STANDARDS FOR SERVICES, OR OTHER ACTIVITIES TO FACILITATE THE PROVISION OF FAMILY BASED SERVICES.

THE CENTER'S APPROACH TO FAMILY BASED SERVICES IS CHARACTERIZED BY A CAREFUL ASSESSMENT OF THE ENTIRE FAMILY, IDENTIFYING BOTH STRENGTHS AND WEAKNESSES FROM WHICH A CASE PLAN IS DEVELOPED JOINTLY BY THE FAMILY AND THE SOCIAL WORKER. MOST SERVICE DELIVERY IS IN THE FAMILY HOME OVER A RELATIVELY SHORT TERM, FREQUENTLY THREE MONTHS OR LESS. SUCH SERVICES HAVE BEEN FOUND TO BE VERY EFFECTIVE IN PREVENTING THE NEED FOR OUT OF HOME PLACEMENT, AND IN REDUCING RISKS TO CHILDREN. WHEN ADOLESCENTS ARE INVOLVED, THEY ARE ALSO ACTIVELY INVOLVED IN THE CASE PLAN AND ITS IMPLEMENTATION. THIS IS ONLY ONE OF SEVERAL APPROACHES IN FAMILY BASED SERVICES, BUT THE CONCEPT, LIKE PERMANENCY PLANNING, IS TAKING HOLD.

-- PREVENTIVE SERVICE DEMONSTRATION GRANTS TO NEW MEXICO, ILLINOIS, MINNESOTA, DELAWARE AND PUERTO RICO: THESE GRANTS IDENTIFY CHILDREN AT RISK OF REMOVAL FROM THEIR HOMES, AND PROVIDE SERVICES TO ENABLE THEIR FAMILIES TO PROVIDE ACCEPTABLE PROTECTION AND CARE.

-- Prevention of child abuse and neglect among teenage parents: In FY 1986, 29 demonstration projects were funded to replicate successful models for helping teenage parents in low income communities and inner city neighborhoods become more effective in their parenting roles. Projects assist teenage parents and their children to receive needed medical and social services and ensure that the developmental needs of the children are met. In addition, these projects are responsible for developing prevention and services programs and methods to disseminate child abuse and neglect prevention materials through Statewide and large metropolitan health agencies. Additional projects will be funded this fiscal year.

o Improving Child Protection Services

An important issue relating to foster care is the prevention of child abuse and neglect. In 1985, there were 1.9 million reports of child maltreatment. Approximately 39 per cent of these reports were substantiated upon investigation. Sixty-four percent of all substantiated child maltreatment reports (1976-1982) were instances of neglect. The trend of reported child maltreatment has been increasing at an annual

RATE OF 11 PERCENT SINCE 1980 DUE TO THE INCREASED PUBLIC AWARENESS OF CHILD MALTREATMENT, IMPROVED UNDERSTANDING OF PROFESSIONALS AND INCREASED WILLINGNESS OF PEOPLE TO REPORT SUSPECTED ABUSE AND NEGLECT. WE HAVE INITIATED A VARIETY OF ACTIVITIES TARGETED AT SEVERAL ASPECTS OF THE PREVENTION OF CHILD ABUSE AND NEGLECT SINCE MALTREATMENT IS THE LEADING CAUSE FOR ENTRY INTO THE FOSTER CARE SYSTEM.

IN FY 1986, WE FUNDED 17 PROJECTS ADDRESSING ALTERNATE TREATMENT APPROACHES TO CASEWORK COUNSELLING, INCLUDING PARA-PROFESSIONALS, HOME VISITORS AND A VARIETY OF OTHER COMMUNITY BASED SUPPORTS FOR NEGLECTING FAMILIES. IN ADDITION, WE PUT A SPECIAL EMPHASIS ON HIGH RISK OR MEDICALLY FRAGILE INFANTS AND YOUNG CHILDREN, BELIEVING THAT THEY WERE AT SPECIAL RISK OF ABUSE OR NEGLECT. THIS YEAR, WE WILL BE FUNDING A NUMBER OF PROJECTS TO DEVELOP COST-EFFECTIVE COMPENSATING SUPPORT SYSTEMS FOR CHRONICALLY NEGLECTING AND DEPENDENT FAMILIES, USING RESOURCES SUCH AS VOLUNTEERS, PARENT AIDES AND HOME VISITORS, TO HELP THE FAMILY IDENTIFY AND SUSTAIN THE KINDS OF SERVICES AND RESOURCES NEEDED TO KEEP THE FAMILY INTACT WHILE DEPENDENT CHILDREN ARE IN THE HOME.

WITH THE RECENT RISE IN REPORTS OF CHILD SEXUAL ABUSE CASES, WE HAVE FOCUSED SEVERAL MILLION DOLLARS ON PREVENTION IN THIS AREA. CHILD SEXUAL ABUSE CURRICULA, APPROPRIATE FOR PRESCHOOL, ELEMENTARY AND HIGH SCHOOL STUDENTS, ARE NEARING COMPLETION. IN ADDITION, WE HAVE SUPPORTED THE DEVELOPMENT OF PUBLIC AWARENESS MATERIALS AND 17 DEMONSTRATION PROJECTS AROUND THE COUNTRY WHICH TRAIN SCHOOL PERSONNEL AND STUDENTS OF ALL AGES IN CHILD SEXUAL ABUSE AWARENESS AND PREVENTION.

ANOTHER AREA OF MAJOR EMPHASIS HAS BEEN INCREASING THE INVOLVEMENT OF VOLUNTEERS IN CHILD ABUSE PREVENTION AND INTERVENTION. WE HAVE SUPPORTED THE ESTABLISHMENT OF 35 COURT APPOINTED SPECIAL ADVOCACY (CASA) PROGRAMS AROUND THE COUNTRY IN THE PAST 2 YEARS. CASAS ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN INVOLVED IN COURT ACTION. OTHER VOLUNTEERS HAVE SERVED AS PARENT AIDES OR PROVIDED RESPITE CARE.

BECAUSE OF THE COMPLEXITY OF OUT OF HOME ABUSE CASES AND CHILD SEXUAL ABUSE CASES, WE HAVE AWARDED 13 GRANTS TO STATES AND COMMUNITIES TO DEVELOP A COORDINATED RESPONSE WHICH INVOLVES THE STATE CHILD PROTECTIVE SERVICES AGENCY, LAW ENFORCEMENT, MENTAL HEALTH PERSONNEL AND THE JUDICIAL SYSTEM. THROUGH THESE GRANTS AND THROUGH A NUMBER OF OTHER

MULTIDISCIPLINARY SERVICE AND TRAINING PROJECTS. STATES AND COMMUNITIES ARE EXPANDING AND INTEGRATING SERVICES TO INVOLVE ALL THE NEEDED AGENCIES IN A CHILD PROTECTIVE SERVICES SYSTEM WHICH OFFERS THE OPPORTUNITY FOR IMPROVED COMMUNITY RESPONSE TO THE NEEDS OF CHILDREN.

WE HAVE ALSO FUNDED PROJECTS TO DEVELOP BETTER INSTRUMENTS TO IDENTIFY RISK. BUILDING ON A PROJECT WITH THE AMERICAN BAR ASSOCIATION (ABA) AND THE NATIONAL LEGAL RESOURCE CENTER WHICH EXAMINED HOW DECISIONS WERE MADE IN CHILD INTAKE AND INVESTIGATION, WE ARE NOW FUNDING THE ABA TO FIELD TEST A RISK ASSESSMENT INSTRUMENT WHICH CAN BE USED BY INDIVIDUALS MAKING DECISIONS ABOUT THE DEGREE TO WHICH CHILDREN ARE AT RISK.

o ADOPTION INITIATIVES

OVER THE PAST 4 1/2 YEARS WE HAVE CARRIED OUT AN INITIATIVE TO PROMOTE THE ADOPTION OF SPECIAL NEEDS CHILDREN. UNTIL RECENTLY MANY OF THESE CHILDREN WERE CONSIDERED UNADOPTABLE BECAUSE OF MARKED MENTAL AND PHYSICAL DISABILITIES, EMOTIONAL DISTURBANCE OR BECAUSE OF AGE OR RACE OR

ETHNICITY. THROUGH ADOPTION OPPORTUNITIES GRANTS, WE HAVE SUPPORTED THE SPREAD OF SUCCESSFUL ADOPTIVE PARENT RECRUITMENT AND PLACEMENT MODELS SUCH AS "WEDNESDAY'S CHILD," "ONE CHURCH, ONE CHILD," AND "FRIENDS OF BLACK CHILDREN."

WE HAVE ALSO ASSISTED STATES TO IMPROVE THEIR ADOPTION PROCESSES AND ENABLED STATE ADOPTION SPECIALISTS TO LINK, THROUGH TELECOMMUNICATIONS, WITH EACH OTHER AND WITH AGENCIES SERVING THE DEVELOPMENTAL DISABILITIES POPULATION. WE HOPE THAT THIS LINK WILL BROADEN THE ACCESS OF ADOPTION AGENCIES TO PROSPECTIVE ADOPTIVE PARENTS SO THAT WAITING CHILDREN MAY BE PLACED MORE QUICKLY.

ONE OTHER AREA OF MAJOR FOCUS IN RECENT YEARS IS ADOPTION DISRUPTION. AS MORE DIFFICULT CHILDREN ARE PLACED WITH FAMILIES FOR ADOPTION, IT IS CLEAR THAT POST-ADOPTION SUPPORT SERVICES ARE NEEDED TO PREVENT DISRUPTION. WE HAVE SPONSORED SEVERAL GRANTS TO DEMONSTRATE EFFECTIVE POST-ADOPTION SERVICES AND WE WILL CONTINUE TO SUPPORT SUCH PROJECTS THIS YEAR.

o COMMUNITY SUPPORT

ANOTHER ACTIVITY WHICH RESPONDS TO THE NEEDS OF CHILDREN IN FOSTER CARE IS OUR SUPPORT FOR MORE EFFECTIVE LINKING OF CHILD WELFARE AND MENTAL HEALTH AGENCIES. THROUGH DISCRETIONARY GRANTS THIS YEAR, WE INTEND TO DEMONSTRATE HOW MENTAL HEALTH AGENCIES CAN PROVIDE COMPREHENSIVE SERVICES TO ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES, CHILDREN IN FOSTER CARE, AND TO SPECIAL NEEDS CHILDREN WHO HAVE BEEN ADOPTED.

FOR THOSE CHILDREN WHO COULD BE REUNITED WITH THEIR PARENTS, WE HAVE THREE CURRENT PROJECTS WHICH WILL PRODUCE TRAINING FOR FOSTER AND BIOLOGICAL PARENTS TO IMPROVE REUNIFICATION EFFORTS. THESE PROJECTS ARE ALSO DEMONSTRATING HOW VOLUNTEERS CAN BE USED TO INCREASE THE FREQUENCY OF CONTACTS BETWEEN THE BIOLOGICAL PARENTS AND CHILD AND HOW FOSTER PARENTS CAN MORE EFFECTIVELY SUPPORT REUNIFICATION EFFORTS.

TO IMPROVE THE QUALITY OF SERVICES FOR CHILDREN WHILE THEY ARE IN FOSTER CARE, WE HAVE CONCENTRATED ON LICENSING. DURING FYS 1984 AND 1985, FIFTEEN GRANTS WERE AWARDED

DIRECTLY TO STATES TO IMPROVE THEIR LICENSING PROGRAMS FOR CHILDREN IN CARE. EACH STATE FOCUSED ON STATE-SPECIFIC PROBLEMS AND DEVELOPED NEW RULES OR REGULATIONS THAT WERE IMPLEMENTED STATEWIDE. SOME STATES WROTE NEW LICENSING LAWS AND OTHERS IDENTIFIED UNIFORM CONTENT FOR STATEWIDE REQUIREMENTS. IN ADDITION, ACYF HAS DISSEMINATED MATERIALS TO HELP STATES DEVELOP MODEL LICENSING LAWS, AND RULES FOR CHILD PLACING AGENCIES, FAMILY FOSTER HOMES, AND RESIDENTIAL OR OTHER GROUP CARE FACILITIES.

o TRAINING AND PROFESSIONAL DEVELOPMENT

THE NEED FOR ADEQUATELY TRAINED AND SKILLED STAFF IS CRUCIAL TO THE DELIVERY OF HIGH QUALITY, COST-EFFECTIVE PUBLIC CHILD WELFARE SERVICES. THIS IS PARTICULARLY TRUE AS THE CHILD WELFARE FIELD INCREASINGLY IS INVOLVED WITH AN OLDER, MORE HANDICAPPED AND MORE TROUBLED POPULATION OF CHILDREN AND THEIR FAMILIES. YET THE MOST RECENTLY AVAILABLE DATA (1977) INDICATE THAT THE VAST MAJORITY OF INDIVIDUALS EMPLOYED IN PUBLIC CHILD WELFARE LACK THE PROFESSIONAL PREPARATION WHICH WOULD EQUIP THEM TO PERFORM THIS DEMANDING WORK.

In order to address this critical problem, we co-sponsored with the National Association of Social Workers (NASW) an invitational conference in March 1985 which included deans of schools of social work, practitioners in child welfare, and administrators of public child welfare agencies. The purpose of the conference was to develop a plan of action to expand the number of professionally trained and qualified individuals who have a commitment to providing services in the public child welfare sector. As a result, we revised the FY 87 child welfare training grant program to provide more opportunities for agencies to collaborate with schools of social work and professional associations involved in public child welfare around specific objectives. These include upgrading of State and/or local merit system procedures for classifying professional social work positions; defining competencies and developing relevant curricula needed for child welfare and child protective services practice in supervision, licensing and family based services and addressing recruitment and retention problems in public child welfare agencies.

ADDITIONALLY, RECOGNIZING INCREASING NEED FOR MULTIDISCIPLINARY SERVICES IN CHILD ABUSE AND NEGLECT, WE ARE PLANNING TO ESTABLISH A NUMBER OF UNIVERSITY BASED INTERDISCIPLINARY CHILD ABUSE AND NEGLECT TRAINING PROGRAMS AROUND THE COUNTRY WHICH WILL PROVIDE GRADUATE AND POST GRADUATE LEVEL TRAINING FOR PROFESSIONALS IN A VARIETY OF DISCIPLINES WHO WILL SPECIALIZE IN CHILD ABUSE TREATMENT.

LASTLY, IN AN EFFORT TO ADDRESS INSERVICE TRAINING NEEDS, WE HAVE FUNDED NINE NATIONAL CHILD WELFARE RESOURCE CENTERS WHICH ARE PROVIDING CONSULTATION, TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY AND STATE CHILD WELFARE AGENCIES.

IN SUMMARY, I BELIEVE THAT REAL PROGRESS HAS BEEN MADE IN IMPROVING THE FOSTER CARE SYSTEM IN THIS COUNTRY. HOWEVER, WE REALIZE THAT THERE IS ROOM FOR IMPROVEMENT. AS WE WORK WITH STATES AND COMMUNITIES IN THIS EFFORT, WE ARE AWARE THAT WE ALL SHARE A COMMON GOAL: PROTECTION AND A PERMANENT HOME FOR EVERY CHILD. WE PLEDGE TO WORK WITH THE CONGRESS TO ACHIEVE THIS GOAL. NOW, I WILL BE HAPPY TO TAKE QUESTIONS.

Chairman MILLER. Thank you. We're going to change the schedule a little. We've got one witness that's got a problem, and that's Mr. Grinker from New York. So I think what we'll do is we'll ask if he will come forward and testify and then we'll combine the questioning in that case.

Thank you for your testimony, Ms. Livingston. Mr. Grinker is the Commissioner of the Human Resources Administration for New York. Welcome to the committee and, to the extent to which you want to summarize your testimony to allow time for questioning, you go ahead.

STATEMENT OF WILLIAM GRINKER, COMMISSIONER, HUMAN RESOURCES ADMINISTRATION, NEW YORK, NY

Mr. GRINKER. Thank you, Chairman Miller. I appreciate your giving me this opportunity. I do have to get back for a luncheon speech, so I will have to leave rather quickly.

New York City's Human Resources Administration, of which I am the administrator and Mr. Eric Brettschneider is the deputy administrator for Family and Children Services, is the agency responsible for providing protective services, preventive service, foster care and adoption services to children and their families.

I found from my own work on national policy issues, before coming to the city that New York's problems are often looked on as different because of their scale, usually they are symptomatic of what is happening nationally. And, I believe that could be the case in the area of child welfare.

Therefore, I believe that our experience is important for focusing on a problem which is national in scope. A problem which, you Mr. Chairman, have worked so hard to resolve.

Since time is limited, I do want to focus on our programs and responses to provide protective, preventive foster care and adoptive services to children and families. But I would be remiss if I did not state my belief that the need for government to provide such services is tied in large measure to our failure as a society to deal effectively with the larger issues of poverty: the lack of jobs and an effective education system, insufficient funds for necessities such as food and clothing, and a lack of decent affordable housing. These all place strains on family relationships that create a climate of despair, frustration and anger; factors that too often push families to the breaking point.

As you know, the landmark Adoption Assistance and Child Welfare Act of 1980 envisioned a systematic child welfare program containing a full range of services tailored to meet the individual needs of children and their families.

In adopting this legislation, Congress recognized that its provisions had a real price tag. And thus, implementation of its provisions was tied to funding increases in Title IV-B of the Child Welfare Service Program and increases in Title XX of the Social Service and Block Grant to enable states and localities to implement the new protections, procedures, requirements and support services called for in the act.

However, the passage of the Omnibus Budget Reconciliation Act of 1981 reduced Federal funds available for child welfare programs dramatically. And, even worse, with regard to Title XX programs it put mandatory programs in competition for the same funds as nonmandatory support services, such as day care.

The result has been a major shortfall in Federal funding to support the act's noble purposes. In spite of this shortfall, New York State and New York City have moved to meet the provisions of the Federal legislation regarding protective, preventive and foster care services.

New York City's protective services program, which is the entry point for most children into the child welfare system, is at an important juncture. The system is, I believe, at a point where we can be confident that we're adequately responding to reports of abuse and neglect. This is no small feat because New York City has experienced a 15 percent increase in such reports in the last year, when they went from 36,000 cases to 42,000 cases, and we project a similar increase this year.

Nevertheless, we have worked hard to reduce our case loads, dealt with very difficult paperwork issues, shortened our response time to reports of abuse and neglect, improved management, and created a new training system for our workers to meet the growing demand for services.

And, I must say, the child protective workers, the case workers who are on the line have one of the most difficult and unrecognized jobs in this country; to deal, on a day-to-day basis, with the problems of abuse and neglect is truly a major undertaking. They deserve all the support we can give them.

Now, there is no one reason for the increase in reports of abuse and neglect that I can cite. We believe the public's greater awareness of this issue, the increase in poverty, and, most especially, the tragic explosion of drug use, have all played a role in increasing the reporting of abuse and neglect, and the actual incidence of child maltreatment.

I'd also like to talk about our preventive services. We have wholeheartedly endorsed, Chairman Miller, the concept of preventive services, as set forth in the legislation, and are working hard to provide the kinds of services that help parents and children stay together. This year we have served a total of 15,000 families with a budget of about $47 million and a network of 116 community-based organizations.

Our directly operated programs and our contract agencies provide families with services to keep children out of foster care or, if they have been placed, to accelerate their return home.

Services provided include counseling, parent training, day care, advocacy and homemaking services.

Our expanded use of preventive services accelerated a downward trend for our foster care case load that began in 1978, when the number of children in care peaked at 25,400. In spite of annual increases in the number of abuse and neglect allegations, preventive services allowed us to reduce the foster care population to 16,500 by 1985. Today, unfortunately, the trend has been reversed. We are now at 17,500, and climbing. This is due in part to the increases in reports of abuse and neglect that I mentioned earlier.

But just as there is no one reason for the increases in abuse and neglect reporting, there is more than one reason for the shortage of foster care homes in New York City. The factors include a decline in families wishing to take in foster children, and the rise in numbers of children coming into the system because of abuse and neglect, especially related is the increase in drug abuse among young mothers.

While these factors have hampered our ability to serve the foster care population as a whole, they have made it doubly hard for us to serve the many infants who are coming into our system nightly or who are remaining in hospitals because appropriate placements are not available.

I'd like to speak for a moment on the boarder baby issue. Boarder babies are infants waiting in hospitals for foster parents, even though they have no longer a medical need for hospitalization. Over the past several months we have doubled our placement into foster homes of children. But so far the number of infants awaiting placement to increase because the number of children referred to placement on a monthly basis outpaces the number of beds available.

In March 1987, for example that should be, while we were able to place 80 hospitalized infants in foster homes, another 100 infants came into care.

In response to this crisis, a comprehensive plan that should help us to have babies out of the hospital within reasonable times frames, by mid-fall, has been developed. The goals of the effort include returning to home all babies who can go home or placing babies in foster care within seven days of medical discharge, and the development of adequate facilities for babies with severe medical and developmental problems. We plan to deal with this issue and foster care needs more generally through a combination of enhanced preventive services; more focused organizational initiatives, such as establishing specialized hospital units to ensure timely investigations on children in hospitals; speeding the home study process; and also, by increasing the number of foster parents by a more focused public information campaign, providing increased daycare and baby sitting services for foster parents, and a higher stipend rate structure.

One unfortunate side effect of our intense focus on developing new foster care options, and our efforts to cope with the rising numbers in protective services, is that our efforts to locate permanent homes for children available for adoption have suffered. This is primarily an issue of the time we can devote to any given program.

I'm sorry to say that by the end of February we had found adoptive homes this fiscal year for only 650 children, and it looks to me as if we'll fall short of our goal of 1,200 placements by the end of this fiscal year on June 30.

While most of the children available for adoption in our system are now older and more difficult to place, it is still true that we can do more on their behalf. I want to assure you, that we'll make every effort to find homes for these children over the next year.

In sum, with regard to the measures I have outlined—I believe New York City and New York State have lived up to their responsibilities under the Federal legislation. Now we ask the Federal Government to do the same.

Adequate financial support for services that strengthen families and help keep them together is a responsibility shared by all levels of government. Child welfare related services that should receive more generous support include:

Title XX day care services, which should be more available to foster parents, mothers suffering from stress, and parents enrolled in educational training programs;

Foster family programs for teenagers who are alleged to be juvenile delinquents or persons in need of supervision (PINS), so that their options are not limited to institutional care;

The expansion of Title IV-E to create a special foster care program for teenage girls with children of their own, so that you need only one foster home for these children rather than two;

Services to help children aged 18 to 21 to make the transition to independent living, and away from welfare dependency;

More research conducted by the National Center on Child Abuse and Neglect and the Child Abuse State Grant Programs, efforts to improve our information and knowledge, which have always been funded below authorization;

Development of a Federal campaign to aid localities in their drive to recruit new foster parents; and

Additional funding for the training and recruitment of new child care workers who must deal with all of the traditional problems associated with this issue as well as today's concern with AIDS and the crack epidemic.

As I noted at the beginning of my testimony, many of the services that are required to return a family to stability do not fall within the purview of child welfare programs. You cannot, for example, strengthen a family through counseling alone if its overriding problem happens to be substandard housing. These nonchild welfare issues are perhaps the most intractable and their resolution is expensive as well as difficult.

Initiatives not traditionally seen as child welfare related, but for which we advocate for more Federal intervention, include a new Federal emphasis on low-income housing; Federal leadership in the creation and funding of new treatment and residential facilities for drug addiction; especially for drug addicts with young children; and additional funding for existing training and job development programs, offer troubled low-income families hope for a better tomorrow.

The need for expanded and comprehensive programs for families at or near the breaking point has never been greater. The factors which spur the increasing demand for foster care of infant children, primarily drug and crack dependency, show no sign of abatement.

We have made major progress in turning the foster care program around and in developing new programs to accommodate changing demands.

I would conclude by quoting a very knowledgeable legislator who recently wrote,

> Sooner or later children will leave the institutions and group homes. They will become either the people with whom we share our neighborhoods or those who terrorize the neighborhoods. What level of investment is that placement worth?

Those are your words, Mr. Chairman, in the recent article in the "Times" and I agree with that completely.

Thank you.

Chairman **Miller**. You're never supposed to quote a politician's words, Mr. Grinker.

Thank you very much.

[Prepared statement of William Grinker follows:]

PREPARED STATEMENT OF WILLIAM J. GRINKER, COMMISSIONER, THE NEW YORK CITY HUMAN RESOURCES ADMINISTRATION, NEW YORK, NY

GOOD MORNING CHAIRMAN MILLER AND MEMBERS OF THE COMMITTEE. I AM WILLIAM GRINKER, ADMINISTRATOR/COMMISSIONER OF NEW YORK CITY'S HUMAN RESOURCES ADMINISTRATION (HRA), THE CITY AGENCY RESPONSIBLE FOR PROVIDING PROTECTIVE, PREVENTIVE, FOSTER CARE AND ADOPTION SERVICES TO CHILDREN AND THEIR FAMILIES. I WELCOME THIS OPPORTUNITY TO APPEAR BEFORE YOU TO DISCUSS CHILD WELFARE ISSUES FROM THE PERSPECTIVE OF NEW YORK CITY.

BASED ON WHAT I KNOW ABOUT THE HISTORY OF THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980, AND YOUR ROLE IN ITS PASSAGE CHAIRMAN MILLER, I BELIEVE MY COMMENTS WILL HAVE THE EFFECT OF CONVERTING THE CONVERTED. HOWEVER, I DO THINK IT IMPORTANT THAT NEW YORK CITY BE ON RECORD FOR ITS STAND ON FEDERAL INVOLVEMENT IN CHILD WELFARE PROGRAMS, AND ALSO ON THE MYRIAD OF OTHER FACTORS THAT ARE NATIONAL IN SCOPE WHICH IMPACT ON THIS NATION'S CHILDREN.

I KNOW THAT SPEAKERS ON CHILD WELFARE ISSUES ARE EXPECTED TO FOCUS ON INCREASES IN THE NUMBER OF REPORTS OF ABUSE AND NEGLECT, OR PREVENTIVE SERVICES VERSUS FOSTER CARE. I BELIEVE THAT IS PUTTING THE CART BEFORE THE HORSE. IF WE REALLY CARE ABOUT THE WELFARE OF THIS NATION'S CHILDREN, WE SHOULD FIRST BE TALKING ABOUT THE NUMBER OF CHILDREN IN THIS COUNTRY LIVING IN POVERTY, THE DEARTH OF JOB OPPORTUNITIES FOR THOSE AT THE BOTTOM OF THE ECONOMIC LADDER, THE GROWING NUMBER OF CHILDREN LIVING IN SUBSTANDARD HOUSING OR WHO HAVE NO ADDRESS AT ALL, OR WHOSE PARENTS HAVE FALLEN PREY TO ALCOHOLISM OR DRUG ADDICTION.

I DO NOT MEAN TO IMPLY THAT CHILD ABUSE AND NEGLECT ARE PROBLEMS LIMITED TO THOSE IN POVERTY. WE ALL KNOW BETTER THAN THAT. THESE ISSUES CUT ACROSS ALL ECONOMIC, RACIAL, ETHNIC, AND RELIGIOUS LINES. WE DO KNOW, HOWEVER, THAT FACTORS ASSOCIATED WITH POVERTY -- UNEMPLOYMENT, INSUFFICIENT FUNDS FOR NECESSITIES SUCH AS FOOD AND CLOTHING, DOUBLED-UP HOUSING SITUATIONS -- ALL

PLACE STRAINS ON FAMILY RELATIONSHIPS THAT CREATE A CLIMATE OF DESPAIR, FRUSTRATION, AND ANGER; FACTORS THAT PUSH FAMILIES TO THE BREAKING POINT, AND, INCREASINGLY, CHILDREN INTO FOSTER CARE.

WHILE ABUSE AND NEGLECT REPORTS ARE GOING UP, AND THE FOSTER CARE POPULATION IS INCREASING, THESE ARE NOT, FOR THE MOST PART, NEW PROBLEMS. CHILD WELFARE EXPERTS HAVE BEEN GRAPPLING FOR DECADES WITH HOW BEST TO PROTECT AND SERVE CHILDREN. WHAT IS NEW, MEANING WITHIN THE LAST 10 TO 15 YEARS, IS THE PUBLIC'S AWARENESS OF CHILD ABUSE AND NEGLECT AND THE GOVERNMENT'S WILLINGNESS TO INTERVENE IN WHAT WERE PREVIOUSLY CONSIDERED TO BE FAMILY MATTERS.

BEFORE WE DISCUSS TODAY'S PROBLEMS AND POSSIBLE SOLUTIONS, I THINK IT WOULD BE A GOOD IDEA TO TAKE SOME TIME TO REVIEW HOW WE CAME TO BE WHERE WE ARE TODAY.

BACKGROUND

THE LANDMARK ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980, P.L. 96-272, ENVISIONED A SYSTEMATIC CHILD WELFARE PROGRAM CONTAINING A FULL RANGE OF SERVICES TAILORED TO MEET THE INDIVIDUAL NEEDS OF VULNERABLE CHILDREN AND THEIR FAMILIES. THIS WAS AND IS IMPORTANT LEGISLATION, AND I THANK THE CHAIRMAN FOR HIS LEADERSHIP IN ITS PASSAGE. AS YOU WELL KNOW, THE IMPETUS FOR THE ENACTMENT OF P.L. 96-272 WAS THE CONCERN THAT INSTEAD OF REALLY WORKING WITH TROUBLED FAMILIES TO IDENTIFY AND RESOLVE THEIR PROBLEMS, THE CHILD WELFARE SYSTEM WAS PLACING CHILDREN IN FOSTER CARE WHERE TOO MANY OF THEM WERE BEING LOST IN THE SYSTEM DUE TO A LACK OF TRACKING AND CHILD WELFARE PLANNING. THE FOSTER CARE SYSTEM WAS, IN EFFECT, USED FOR LONG-TERM WAREHOUSING OF CHILDREN RATHER THAN A A TEMPORARY LIVING ARRANGEMENT AS INTENDED. LITTLE WAS BEING DONE TO

HELP PARENTS GET BACK ON THEIR FEET SO THAT WHENEVER POSSIBLE THEY COULD RESUME CARING FOR THEIR CHILDREN.

THE 1980 FEDERAL LEGISLATION WAS INTENDED TO ADDRESS THESE PROBLEMS BY REQUIRING STATES TO KEEP A LISTING OF ALL CHILDREN IN FOSTER CARE; THAT A CASE PLAN BE DEVELOPED FOR EACH CHILD IN CARE; THAT A CASE REVIEW SYSTEM BE IMPLEMENTED; AND THAT SPECIFIC SERVICES BE PUT IN PLACE TO PREVENT PLACEMENT, OR IF THAT IS NOT POSSIBLE TO HELP REUNITE PARENTS WITH THEIR CHILDREN OR TO PLAN FOR AN ADOPTION. IT ALSO CREATED A NEW TITLE IV-E ADOPTION ASSISTANCE PROGRAM AND TRANSFERRED FUNDING FOR FOSTER CARE INTO TITLE IV-E. BOTH ADOPTION ASSISTANCE AND FOSTER CARE UNDER TITLE IV-E ARE INDIVIDUAL ENTITLEMENT PROGRAMS FOR NEEDY CHILDREN AT RISK.

WHEN IT ENACTED P.L. 96-272, CONGRESS ACKNOWLEDGED THAT IMPLEMENTATION OF THESE NEW REQUIREMENTS HAD A PRICE TAG BY TYING CERTAIN REQUIREMENTS TO FUNDING INCREASES IN THE TITLE IV-B CHILD WELFARE SERVICE PROGRAM, AND BY LEGISLATING INCREASES IN THE TITLE XX SOCIAL SERVICES BLOCK GRANT TO ENABLE STATES AND LOCALITIES TO IMPLEMENT THE NEW PROTECTIONS, PROCEDURES, REQUIREMENTS, AND SUPPORT SERVICES. HOWEVER, THE PASSAGE OF THE OMNIBUS BUDGET RECONCILIATION ACT IN 1981, REDUCED FEDERAL FUNDS COMING TO THE CITY FOR CHILD WELFARE PROGRAMS DRAMATICALLY. EVEN WORSE, WITH REGARD TO TITLE XX PROGRAMS, IT PUT MANDATORY PROGRAMS IN COMPETITION FOR THE SAME FUNDS AS NON-MANDATORY SUPPORTIVE SERVICES SUCH AS DAY CARE.

TITLE XX, WHICH WAS TO HELP PAY FOR FAMILY STRENGTHENING AND SUPPORT SERVICES, WAS CUT BY 21 PERCENT, OR $700 MILLION, IN FFY 1981 AND IS CURRENTLY FUNDED AT A LEVEL OF $2.7 BILLION, INSTEAD OF $3.3 BILLION AS IT WOULD HAVE BEEN SEVERAL YEARS AGO UNDER P.L. 96-272. MOREOVER TITLE IV-B CHILD WELFARE SERVICES MONEY, WHICH WAS TO PAY FOR FAMILY FOCUSED PREVENTIVE AND REUNIFICATION SERVICES SUCH AS FOSTER CARE, RESEARCH AND STAFF TRAINING, AND SHOULD HAVE BEEN FUNDED AT $266 MILLION BY NOW, HAS YET TO BE FUNDED ABOVE $220 MILLION. A 1985 CONGRESSIONAL BUDGET OFFICE (CBO) REPORT ALSO POINTS TO THE CUTBACKS IN TITLE XX FUNDING AND THE SLOWER THAN EXPECTED GROWTH IN TITLE IV-B AS TWO REASONS THAT STATES HAVE HAD DIFFICULTY IN FULLY DEVELOPING AND IMPLEMENTING THE PREVENTIVE AND REUNIFICATION SYSTEM REQUIRED BY P.L. 96 272.

THE NEW YORK STATE/NEW YORK CITY CHILD WELFARE SYSTEM

AS YOU PROBABLY KNOW, IN SPITE OF THE SHORTFALL IN FEDERAL FINANCIAL SUPPORT, NEW YORK STATE AND NEW YORK CITY HAVE BEEN ABLE TO MEET ALL PROVISIONS OF THE FEDERAL LEGISLATION REGARDING PROTECTIVE, PREVENTIVE, AND FOSTER CARE SERVICES.

NEW YORK CITY'S PROTECTIVE SERVICES PROGRAM, THE ENTRY POINT FOR MOST CHILDREN INTO THE CHILD WELFARE SYSTEM, IS AT AN IMPORTANT JUNCTURE: IT HAS TAKEN US TWO YEARS TO BRING THIS COMPONENT OF OUR CHILD WELFARE PROGRAM TO A POINT WHERE WE CAN BE CONFIDENT THAT WE ARE ADEQUATELY RESPONDING TO REPORTS OF ABUSE AND NEGLECT. THIS IS NO SMALL FEAT, SINCE NEW YORK CITY EXPERIENCED A 15 PERCENT INCREASE IN REPORTS OF ABUSE AND NEGLECT BETWEEN 1985 AND 1986, WHEN THE NUMBER OF REPORTS CLIMBED FROM 36,000 TO 42,000. AND, WE PROJECT A SIMILAR INCREASE THIS YEAR.

THERE IS NO ONE REASON FOR THE INCREASE IN THE REPORTS OF ABUSE AND NEGLECT -- ALTHOUGH IT MUST BE POINTED OUT THAT 60 PERCENT OF THE REPORTS ARE FOUND TO BE WITHOUT MERIT UPON INVESTIGATION. WE BELIEVE THE PUBLIC'S GREATER AWARENESS OF THIS ISSUE, THE INCREASE IN POVERTY, AND THE TRAGIC EXPLOSION OF DRUG USE IN SOME OF OUR POOREST COMMUNITIES, HAVE ALL PLAYED A ROLE IN INCREASING THE REPORTING OF ABUSE AND NEGLECT AND THE ACTUAL INCIDENCE OF CHILD MALTREATMENT.

Since the beginning of our fiscal year on July 1, we have been able to respond to reports of abuse and neglect within 24 hours at 99 percent rate. And, we have reduced the number of pending cases assigned to protective service workers from 8.1 last year to about 6. And, last month, we opened our Child Protective Services Training Academy, which will enable us to provide more in-depth training to HRA's Child Protective Staff, as well as to meet the needs of the broader Child Welfare Community, voluntary agencies, and day care programs over the longer term.

New York City has wholeheartedly endorsed the concept of preventive services, and we are working hard to provide the kinds of services that help parents and children stay together. Between 1985 and 1986 alone, we increased the number of families being served by 14 percent, and this year we have served a total of 15,000 families. Our preventive services budget has grown from $28.6 million in City FY 1984 to the current $47 million in 1987. Since 1984, we have expanded the number of preventive service contracts with community-based organizations from 79 to 116 programs.

Our directly-operated programs and our contract agencies provide families with services to keep children out of foster care or, if they have been placed, to accelerate their return home. Services provided include counseling, parent training, day care, advocacy, and homemaker services.

Our expanded use of preventive services accelerated a downward trend in our foster care caseload that began in 1978, when the number of children in care peaked at 25,400. In spite of annual increases in the number of abuse and neglect allegations, preventive services allowed us to reduce the foster care population to 16,500 children in 1985. Today, unfortunately, we are at 17,500 and climbing, due in part to the increase in reports of abuse and neglect that I mentioned earlier.

Just as there is no one reason for the increase in abuse and neglect reporting, there is, of course, more than one reason for the shortage of foster care homes New York City is experiencing today; these factors include the decline in families wishing to take in foster children and the rising numbers of children coming into the system because of abuse and neglect, especially related to the increase in drug use among young mothers.

While these factors have hampered our ability to serve the foster care population as a whole, they have made it doubly hard for us to serve the many infants -- babies 0 -2 years in age -- who are coming into our system nightly or who are remaining in hospitals because appropriate placements are not available.

While older children may be placed in congregate care, it is preferable to place infants with foster families because infants need the one-on-one relationship to thrive. Today, about 210 infants -- known locally as "boarder babies" -- are still waiting in hosptials for foster parents, even though they no longer have a medical need for hospitalization. We have doubled our placements into foster homes of these children in the last seven months, from 36 in August to 80 in March, but the number of infants awaiting placement has continued to increase, because the number of children referred for placement on a monthly basis outpaces the number of beds available. In March 1986, for example, while we were able to place 80 hospitalized infants in foster homes, another 100 infants came into care, up from 36 in August, 1986.

HRA'S RESPONSE

How are we responding to this crisis? Quite a bit has happened between today's hearing and the date we were originally scheduled to appear. Since that time, we have developed what we call the Boarder Baby Plan, a comprehensive document including ambitious goals and actions that should help us to have babies out of the hospital within reasonable times frames by mid-Fall. The goals of the effort include returning to home all babies who can go home or placing babies in foster care within seven days of medical discharge by the end of October; the development of adequate facilities for about 100 babies with severe medical/developmental problems so that two-thirds of them may be placed within 60 days of medical clearance by the end of November; and the development of an adequate pool of boarding homes, including a discrete number of homes in other counties.

Activities already underway that will help us reach these goals include:

o Establishing specialized hospital units in each Field office to ensure timely and quality investigations of all reports on children in hospitals;

o Establishing specialized units which will quickly review and process all referrals for placement of children in the 0-2 years of age group;

- Reducing the average length of time to complete foster boarder home home studies from 90 days to four to six weeks by developing new guidelines and procedures;

- Improving the performance of the Foster Care Hotline by implementing a new protocol for more active screening, initiating the use of volunteers on the Hotline, developing and implementing a system to target geographic areas for more intensive recruiting and establishing a recruitment unit to coordinate and evaluate recruitment and Hotline activities;

- Intensifying voluntary agency recruitment of foster families by establishing a Task Force to review recruitment initiatives and make recommendations for improvement, including the development of a speakers bureau composed of HRA staff and foster parents which will target specific community organizations; and

- Expanding the use of Purchased Preventive Services with high-risk pediatric cases and families of babies in hospitals by pairing specific hospitals with community-based programs and designating hospital liaisons in the selected Purchased Preventive Programs.

I would like to turn now to our efforts to develop more foster care options for children of all ages in need of care. Although our well publicized difficulties in locating sufficient foster care homes may indicate otherwise, we have had some success in expanding both our congregate facilities and the number of foster family homes. Over the past year, 149 new beds were added in

CONGREGATE FACILITIES AND ANOTHER 299 BEDS WILL BE ADDED BY MID-1988. BETWEEN JULY AND NOVEMBER 1986, WE LICENSED ENOUGH NEW FAMILY HOMES TO SEE A NET GAIN OF 412 NEW HOMES, WITH 25 PERCENT OF THE TOTAL GOING TO INFANTS.

ONE UNFORTUNATE SIDE EFFECT OF OUR INTENSE FOCUS ON DEVELOPING NEW FOSTER CARE OPTIONS FOR INFANTS IS THAT OUR EFFORTS TO LOCATE PERMANENT HOMES FOR CHILDREN AVAILABLE FOR ADOPTION HAVE SUFFERED. BY THE END OF FEBRUARY, WE HAD FOUND ADOPTIVE HOMES FOR ONLY 650 CHILDREN, AND IT LOOKS AS IF WE MAY FALL SHORT OF OUR GOAL OF MORE THAN 1,200 PLACEMENTS BY THE END OF OUR FISCAL YEAR JUNE 30. WHILE MOST OF THE CHILDREN NOW AVAILABLE ARE OLDER AND MORE DIFFICULT TO PLACE, IT IS STILL TRUE THAT WE CAN DO MORE ON THEIR BEHALF. I ASSURE YOU THAT WE WILL MAKE EVERY EFFORT TO FIND HOMES FOR THESE CHILDREN OVER THE NEXT YEAR.

IN SPITE OF OUR DISAPPOINTING ADOPTION STATISTICS, I BELIEVE NEW YORK CITY AND NEW YORK STATE HAVE LIVED UP TO THEIR RESPONSIBILTIES UNDER THE FEDERAL LEGISLATION. NOW, WE ASK THAT THE FEDERAL GOVERNMENT DO THE SAME.

WHAT WE NEED FROM THE FEDERAL GOVERNMENT

WHILE THE ACTUAL EXPANSION OF THE LOCAL FOSTER CARE PROGRAM IS, FOR THE MOST PART, A NEW YORK CITY RESPONSIBILITY, ADEQUATE FINANCIAL SUPPORT FOR SERVICES THAT STRENGTHEN FAMILIES AND HELP KEEP THEM TOGETHER IS A RESPONSIBILITY SHARED BY ALL LEVELS OF GOVERNMENT. CHILD WELFARE RELATED SERVICES THAT SHOULD RECEIVE MORE GENEROUS FEDERAL SUPPORT INCLUDE:

o TITLE XX DAY CARE SERVICES, WHICH SHOULD BE MORE AVAILABLE TO FOSTER PARENTS, MOTHERS SUFFERING FROM STRESS, AND PARENTS ENROLLED IN EDUCATION AND TRAINING PROGRAMS;

- Foster family programs targeted to teen-agers who are allegesd to be juvenile delinquents or persons-in- need of supervision (PINS) so that their options are not limited to institutional care;

- The expansion of Title IV-E to create a special foster care program for teen-age girls with children of their own, which would mean that one not two foster homes would be necessary, and the girl and her child would be able to form and maintain a stable relationship;

- Services to help children aged 18 to 21 years of age make the transition to independent living and away from welfare dependency (the current program is part of the Title IV-E Foster Care Program, and its programs and services are not available to those over 18);

- Research conducted by the National Center on Child Abuse and Neglect and the Child Abuse State Grant Programs -- efforts that improve our information and knowledge have consistently been funded below authorization -- only $26 million of the authorized $41 million was appropriated in 1986;

- Development of a federal campaign to aid localities in their drive to recruit new foster parents; and

- Additional funding for the training and recruitment of new foster care workers who must deal with all of the traditional problems associated with foster care as well as today's concern with AIDS and the Crack epidemic.

As I NOTED AT THE BEGINNING OF MY TESTIMONY, MANY OF THE SERVICES THAT ARE REQUIRED TO RETURN A FAMILY TO STABILITY DO NOT FALL WITHIN THE PURVIEW OF CHILD WELFARE PROGRAMS. YOU CANNOT, FOR EXAMPLE, STRENGTHEN A FAMILY THROUGH COUNSELING ALONE IF ITS OVERRIDING PROBLEM HAPPENS TO BE SUBSTANDARD HOUSING. THESE NON-CHILD WELFARE ISSUES ARE PERHAPS THE MOST INTRACTABLE AND THEIR RESOLUTION IS EXPENSIVE AS WELL AS DIFFICULT.

INITIATIVES NOT TRADITIONALLY SEEN AS CHILD WELFARE RELATED, BUT FOR WHICH WE ADVOCATE FOR MORE FEDERAL INTERVENTION INCLUDE:

o A NEW FEDERAL EMPHASIS ON LOW-INCOME HOUSING SO THAT THE 4,800 FAMILIES LIVING IN EMERGENCY QUARTERS IN NEW YORK CITY AND THE ESTIMATED TENS OF THOUSANDS OF FAMILIES LIVING DOUBLED UP WITH FRIENDS AND FAMILY CAN HAVE A PLACE TO CALL THEIR OWN;

o FEDERAL LEADERSHIP IN THE CREATION AND FUNDING OF NEW TREATMENT AND RESIDENTIAL FACILITIES FOR DRUG ADDICTS WITH YOUNG CHILDREN, WITH SERVICE COMPONENTS THAT INCLUDE INCLUDE TRAINING IN PARENTING SKILLS AND DAY CARE, AND

o ADDITIONAL FUNDING FOR EXISTING TRAINING AND JOB DEVELOPMENT PROGRAMS THAT WOULD OFFER TROUBLED LOW-INCOME FAMILIES HOPE FOR A BETTER TOMORROW.

CONCLUSION

THE NEED FOR EXPANDED AND COMPREHENSIVE PROGRAMS FOR FAMILIES AT OR NEAR THE BREAKING POINT HAS NEVER BEEN GREATER. THE FACTORS WHICH SPUR THE INCREASING DEMAND FOR FOSTER CARE OF INFANT CHILDREN, PRIMARILY DRUG AND CRACK DEPENDENCY, SHOW NO SIGNS OF ABATEMENT. HRA HAS MADE MAJOR PROGRESS IN TURNING THE FOSTER CARE PROGRAM AROUND AND IN DEVELOPING NEW PROGRAMS TO ACCOMMODATE CHANGING DEMANDS. I WOULD LIKE TO EXTEND AN OPEN INVITATION TO YOU TO CALL UPON US WHEN YOU HAVE ANY QUESTIONS OR SUGGESTIONS WHICH MAY HELP ADDRESS THE PROBLEMS IN CHILD WELFARE IN GENERAL, OR BOARDER BABIES SPECIFICALLY. IN THIS IMPORTANT AREA INVOLVING CHILDREN AND FAMILIES, I AM CONFIDENT THAT A RENEWED FEDERAL COMMITMENT WOULD GO A LONG WAY TO ENHANCE OUR EFFECTIVENESS.

Chairman **Miller**. If you wouldn't mind moving the microphone down to Miss Livingston.

Miss Livingston, just let me say thank you, Miss Livingston and Ms. Burnley, for your response to my concerns about the situation that was taking place within my own state in the placement of children in the program called "Rite of Passage." And, while I'm sorry for the state that you provided for a disallowance of $450,000 that were used to fund the children in that program, I think the message that you send is a very strong one and a very important one, and that is that the state ought to be aware of where they're placing their children; and the local jurisdictions ought to be aware of where they're placing their children when they move across state lines; and they ought to make very sure that any protections required in this law are provided for those children. If they don't, we're not going to pay the bill. And I think that action is an important one by this administration.

If we look at your testimony, I think in the first part of your testimony, Miss Livingston, you suggest that the goals of 96-272 back in 1980 are, in fact, being realized, that we're seeing fewer children in placement. We're seeing, according to your testimony, shorter periods of foster care, more children being reunited with their families, fewer children in institutions, and more special needs children, in fact, being adopted, and that's exactly what we set out to do.

And I think in my travels around the country meeting with the state people trying to implement this, I think that coincides with your testimony.

My concern is, however, that we're starting to see a change in this situation, that more and more states are starting to come and to complain or just report the fact that their caseload is once again growing. The numbers of children entering foster care are, in fact, increasing, and their resources to deal with that are strained. The numbers are different, but it's starting to appear now throughout the entire landscape of the United States.

Last night the Congressional Research Service sent over a report that indicated the average monthly number of children in AFDC foster care of 1987 is now the highest of any year since 1980. So I think there is reason to be concerned.

I think also we're seeing some reports on the state level where, in fact, the system almost appears to be in a shambles because it's overtaxed at this point. I don't think that takes away from the trends that we have seen and you report on, but I think it is a reason, it's a storm warning, that if it's not addressed immediately, in my mind, if some resources aren't put into this system, if services aren't provided, we can see ourselves in the middle of a crisis if it goes unabated.

I think the other message of your testimony appears to be that where the law is enforced, where services are provided, and where the protections are provided, where the case plans are worked out, in fact we are reducing the intensity of the foster care experience for those children. But I'm also terribly concerned about whether or not we're going to be able to maintain any kind of monitoring or evaluation.

And following onto that, in your letter there's a discussion because of our previous contact about the question of delinquency, children of delinquent status, entering the foster care system. And as you point out, the law provides for that. That if they—if the child is eligible and the facility is eligible, they are eligible for the IV-E placement.

My concern is, and the point that was raised in "The Rites of Passage" case is whether or not those children are getting the IV-E protections that the law requires. And obviously it would be my contention, and I think even the regional contention, that that was not being done in that case.

How do we assure that, in fact, these children—and I think they're more numerous because it appears the states determine that this is one of the ways to get some funding for delinquent status offenders—how do we assure that where the states are using Federal money for placement, they're also providing the protections of IV-E to these children?

Ms. **Livingston**. Well, I think we need to continue working closely with the states. And, Jane, would you want to respond?

Ms. **Burnley**. I think I'd like to comment on some of your comments. I'm glad to know that there is some consensus with regard to the trends that we're seeing in the foster care system. We believe that those trends represent the systemic changes that have been brought about through this legislation.

While we are all concerned always about individual instances and occasions of abuse or problems that the system itself is in much better shape than it was prior to passage of P.L. 96-272.

And because of the—most states, all states, have made very significant systemic changes. I'm not sure that I would agree with you that the system is in a shambles.

Chairman **Miller**. I didn't say that. I said that it appears that way in a number of areas. You look at L.A. County, if you look at San Francisco, if you look around, the system is in fact in a shambles. I don't want to suggest that that is still the national trend. What I've suggested is it raises some very, very serious warnings that if those problems are not addressed, then the thing is going to start to feed on itself.

Ms. **Burnley**. As we look at the trends with regard to placement of children from state to state we have a wide variety of—wide variations with some states having significant decreases, continuing to have significant decreases in their placement rates, and other states have them go up. We are aware of that and we are concerned about it also.

As you were—your question with regard to how is it that we can assure that youngsters placed either adjudicated delinquents or status offenders or any child, young person, placed in foster care. What we have implemented in our policies and programs is a system of review, a system of program review of case records to the 427 review process which includes nearly all of the states, and a sampling process which we think gives us a good deal of confidence with regard to the generalizability from a sample case record to the entire universe of the population of foster care children. And IV-E children, of course, are included in that sample.

In addition we do look, as the Commissioner said, in the financial reviews.

Chairman MILLER. But as I understand that, you go in and you sample those children and you find a problem with respect to one of those children, yet you don't then move from that particular case to what may be a systemic problem within that facility or within that system to see if other children are or are not in compliance with the law.

Ms. BURNLEY. You're talking about the financial reviews at this——

Chairman MILLER. Well, in both.

Ms. BURNLEY. Well, with regard to the program reviews related to the 427 incentive funds, our purpose there is to make a generalized statement with regard to the application of the safeguards provided in P.L. 96-272 to individual children placed in foster care. And we do that through a sample of case records.

We have a very systematic precise method of doing that, and we are—our purpose is to be able to make a generalized statement about the foster children in that state system. In doing so, we do not then, you're correct, go look at each individual facility that a child may be placed in. We are primarily looking at the presence of the application of the protection, such as, as you know, periodic reviews, dispositional hearings, case plans, and things of that sort.

Chairman MILLER. Well, how are we going to insure that—you mention in your letter that you're going to be assured that all title IV-E state plan requirements are met for these children, not merely addressed by the inter-agency agreement.

How are you going to do that?

Ms. BURNLEY. Well, if you want to talk very specifically about inter-agency agreements——

Chairman MILLER. I want to talk very specifically about how you're going to guarantee that when we pay IV-E money, those children are going to get IV-E protection. Because you have an awful lot of people suggesting now that these delinquent children that are placed, in fact are different than foster—they didn't come there out of abuse and neglect, and you really don't need to provide those services. That's not what the law says.

Ms. BURNLEY. No, sir, that's not what the law says and that's not the message that we are conveying to states.

Chairman MILLER. I want to know how you—that's my question. How are you conveying that message and how are you going to be sure that that in fact is the case?

Ms. BURNLEY. Well, first of all, I think we should talk about the scope of the problem. As we have looked at recent financial reviews of Title IV-E foster care, we have found that in fact it's a fairly small percentage of adolescents placed through inter-agency agreements. It's a very small percent. I think it's four, it's below ten percent.

The likelihood—and another look that we took at it recently with regard to adolescents who are in foster care and adolescents who are "eligible," the likelihood that adolescents who are in foster care are also receiving Title IV-E is no different from any other age group, basically it's about 40 percent, which does not suggest to us that states are at this point, anyway, by great numbers using the IV-E foster care entitlement program to finance placements for delinquents or adolescents which are placed through supervision with other agencies, such as youth authority or probation.

Chairman **Miller**. What do you say those numbers are?

Ms. **Burnley**. With regard to—there are about, I think, 44 percent of the foster care population is aged 11 to 17. About 40 percent of the overall foster care population is IV-E eligible, for they are receiving full payments. And within that age group, 11 to 17, about 40 percent of states are claiming for about 40 percent of the young people in the age group of 11 to 17.

In other words, there's not a significant disparity between the rate of claims for adolescents relative to the foster care population as a whole.

Chairman **Miller**. Well, I just think my concern is that you just can't deal with the system on national averages because even if you take the number of children you're talking about, you're talking about thousands of children within the system on that arrangement, and people are making a case that somehow they're not required to provide IV-E protections for those children because they're different.

The fact of the matter is once you take the IV-E money, you're required under the law to provide those protections.

Ms. **Burnley**. Well, my comments thus far were dealing only with the trends with regard to—the extent to which this is happening because we're concerned about it, too. We are not interested in states claiming for the placement of adolescents who are not receiving the protections of P.L. 96-272.

But as we look at this issue, because it is a complex one, I think it's important to try to get some sense about what we know about the scope of it.

Chairman **Miller**. What do you know about how this may be varying between states?

Ms. **Burnley**. That I really can't tell you about that.

Chairman **Miller**. Do you know anything from the regions on what different states are doing with respect to a delinquent?

Ms. **Burnley**. We have talked to some of our regional offices and there seems to be a wide variety with regard to the frequency with which they have entered into inter-agency agreements between probation departments and/or youth authority and child welfare agencies. Some are actually organizationally located within the same umbrella agency.

Now, that, notwithstanding, I would like to share with you about the message that we have sent and will continue to send to states with regard to their responsibilities for any child who is placed through an inter-agency agreement.

Regardless of whether or not they're drawing down IV-E money, the point is that if the child's in the care and custody of the child welfare agency, and is supervised through an inter-agency agreement with the youth authority or some other agency, and it is very clear—and I don't think there is any question and we have a variety of policy interpretation issuances in which we have sent the message that the agency that has custody of that child retains full responsibility with regard to the implementation and the protection of P.L. 96-272.

I don't believe we have varied at all in that message.

Chairman **Miller**. To what do you attribute what is now being reported as the substantial increase in the caseload?

Ms. **Burnley**. Well, we all know that the annual reports of child abuse and neglect are rising, have been rising the last few years, ten to twelve, fifteen percent. With child sexual abuse, the most complicated types of cases, it is the most rapidly rising at 30, 35 percent annually.

We know that children who come into foster care are largely abuse and neglect cases, so clearly the reports of abuse and neglect, I think, are contributing at a national level.

We are aware that, I think, since 1984 there has been a general trend, small as it is, but there has been a trend toward an increased number of youngsters placed in foster care.

Chairman **Miller**. What do you make of some of the reports that we have received from around the country that now there is much more difficulty in terms of placing very young children, infant children, from drug dependent parents?

Are you starting to get those reports?

Ms. **Burnley**. Only from large metropolitan areas primarily. Certainly we're all aware of the boarder baby articles in New York City and that issue, I believe, we have granted UCLA in Los Angeles, a group very familiar with that problem, increasing their—we have developed a—we have right now a national grant to develop materials for the—model materials for the response.

When a drug dependent or chemically dependent infant is born we are, I think, accumulating a good deal of information about developmental problems that those infants have which is related to the type and amount of drugs that they're dependent on. And we hope this year, through demonstration grants through the National Center of Child Abuse and Neglect, to fund some demonstrations of the intervention that was necessary with chemically dependent infants and their mothers, some of which will have to go into foster care and some of whom will not.

Chairman **Miller**. Finally let me ask you, what effort is made by the Department with respect to your reviews on the 427 to determine whether or not an adequate effort was made to keep the child out of foster care?

Ms. **Burnley**. The reasonable efforts provision as you're aware, applies with regard to the ability of the state to claim IV-E for a foster child. As we do our—and that is, of course, something that we look at when we are looking at the eligibility of the child in the IV-E financial review.

As we look at the 427 review, ours is a process which has focused on first the administrative procedures which the state has established which will set up the system, you know, the statewide inventory and all. And, in addition, the three basic requirements of the case plan; the periodic review, dispositional hearing, that is not right now an item which we specifically review for in the 427 review process.

Chairman **Miller**. Do you think it should be?

Ms. **Burnley**. Well, we modelled out 427 review procedures very specifically after the language of the law with regard to what's required for the 427 incentive funds. And I think that we feel that we have focused those review procedures appropriately.

Chairman **Miller**. My concern is that—in some ways that was a restatement of existing law, but when we went back and we took a look at whether or not these reviews were being made and attempts were being made to keep the children out of foster care, in fact what we found was a very casual system. It was simply running children through the, through its system without that kind of intensive review.

You put together some demonstration programs to intensify that effort, and I just wonder whether or not—because, obviously, that's, one, where the savings are, and, two, that's the major objective and goal: to see whether or not you can take that family and either put it back together, keep the child out of foster care, and find placement. The question is whether or not we should be looking at that point of entry to see whether or not there, in fact, really is a system in place that does give individualized attention to this child and to that family to see whether or not we can prevent the entrance into a foster care.

And what appears in areas where that is an intense effort is there's a substantial difference in the number of children that enter the system there—and it can be very localized within a state—the number of children that enter the system there as opposed to somewhere else where the case load is so overwhelming and/or that review isn't taking place.

I know you don't like to second guess those determinations, but again, we're paying the bill, so it seems to me that somehow we should start to look at that——

Ms. **Burnley**. Well, we're paying the bill and specifically with regard to Title IV-E reviews—I mean, for the Title IV-E eligible children. And, as I said, that is an element of the Title IV-E review. Whether or not reasonable efforts were made to prevent——

Chairman **Miller**. But my question is whether or not you're looking at the paper that says there's a reasonable effort or whether or not you're looking behind the paper to see whether or not in fact that's what's taking place.

And I suspect at this time, for whatever reason, we're looking to see whether on paper there is a procedure in place to expend reasonable efforts. But, in fact, that may not be taking place. And I think that again, as ones who are paying the bill, we're entitled to know on some kind of random checking basis whether or not that's being done.

Ms. **Burnley**. You are correct, we do not go beyond to look at whether or not ones reasonable efforts are indicated as part of the judicial determination that that placement was necessary and continued placement in home is contrary to the job welfare.

We have expended a significant amount of discretionary grant funds over the last three years to develop materials to assist states in the whole reasonable efforts area. And we have three documents which have just recently come to completion which we're disseminating to states on helping them to understand the kinds of reasonable efforts and to implement it.

Chairman **Miller**. Mr. Coats.

Mr. Coats. Thank you, Mr. Chairman. Commissioner Livingston, and maybe Commissioner Burnley, you may want to handle some of these questions also, because they're specifically directed, I think, to your particular area, but I'm aware of the fact that over the past several years you have funded a number of demonstration projects.

I wonder if you could outline two or three particular successes through these projects, then also describe how you have attempted to pass on that information to state and local agencies and follow through on the implementation of those successes.

Ms. Livingston. One example which Jane has alluded to is that they have given a considerable amount of money to the University of Iowa to create these materials on family-based services and the follow-up to that. We've offered—opportunity to our discretionary grants program, every year we follow the CDP to have states or maybe a large metropolitan area come in to receive Federal money to implement family-based types of programs. That's been quite popular and quite successful.

Mr. Coats. Describe that just briefly. What are the——

Ms. Livingston. Well, basically they would come in perhaps with a particular focus in mind, perhaps training their staff to work more on a family-based—you know, more working with the family rather than so much on getting a child a foster care.

Some of the programs come in with a particular—maybe they have been working in this direction and they need—we received an application for this year, and I don't want to mention the name of the place, but they wanted to use some consultants in the community who have extensive experience in very intense family problems. And they wanted to work out an arrangement where their social workers in their agency would learn from those consultants and also employ them to help with counseling families trying to avoid the foster care program.

Maybe Jane can give other examples, but you can't just do it overnight. We have tried to be generous in funding that priority area.

Mr. Coats. Well, has it been a successful goal and you feel that——

Ms. Livingston. Yes.

Ms. Burnley. In family-based services?

Mr. Coats. No, in the whole range of funding special demonstration projects and then taking the results it both disseminated and implemented throughout on a nationwide basis, getting that information into agencies' hands that actually have a—on the ensuring that states have whatever tools are necessary to implement programs properly.

Ms. Livingston. I think that we would admit that there are always weaknesses in what you try. But probably our weakness is in the dissemination of lots of our grant areas.

We have an overall—as you know we have three bureaus and the Children's Bureau has the vast bulk of discretionary activity because of the way the money flows. Because of demands on staff, time and travel issues, we have not been able to go as far as we would like in sharing our grant results.

Now, a lot of these grants that we award have a dissemination piece included in them, and we have started the year to include—of the grant award for the grantees come in once during their grant period to meet with us as luster. We had five grantees in category X, we would have a meeting in town and they would all come in and they would share what they're doing and we would give them our insight and try to explore things that way. That's been very helpful. We've been doing that on an agency-wide basis.

Mr. **Coats**. Can you point to any dramatic breakthroughs in terms of knowledge gained or systems implemented that have been a result of some of these projects?

Ms. **Burnley**. I think——

Ms. **Livingston**. Well, let me just do one, it's one of my favorite ones. About two or three years ago we awarded a grant to, I believe it was Iowa State, to take the headstart parenting curriculum and adapt it to incarcerated parents. And we all know that that population is not receiving a lot of help.

So they have disseminated that material with a fair amount of success. We, this year, have in our discretionary activity a particular priority area to work with prison systems to have that material implemented, and we have offered—we will be awarded maybe, I think, five or six.

It's only a very small beginning, but the hope is that when these parents come home that perhaps those families can be put back together. All of these projects include a voluntary component where perhaps volunteers from the community will bring the parent, the other parent or child involved to the prison for the experience.

The trainers would be provided, that there be allowed support activity both during the training program and when the prisoner would be going back to the community. I think it's a very exciting area, and I can't tell you a whole lot of research about this. It's a small beginning in one area that needs a lot of help.

I think Jane can offer some other examples.

Ms. **Burnley**. One area, just I—I won't take more time than just to mention one. We were successful in doing some research which I think contributed a great deal to the field. Since we are placing much more emphasis on the adoption of special needs children over the last few years with that increased attention, clearly we have more difficult to place children than we did five, six years ago; more handicapped both emotionally, physically and mentally children who often have long-term problems.

And there was a great deal of concern as we were placing these more handicapped children that disruption was going to be a more serious and severe problem. What we needed was better placement services.

First of all, we were able to determine through a national study that the disruption rate for special needs children is only 13 percent, which—information led us to believe it was much higher than that. That was reassuring. And, in addition, we spent a considerable amount of our discretionary grants in assisting communities and states to develop post-placement services for families who had adopted special needs children because we know that the process does not end with the finalization of the adoption.

Mr. Coats. Have there been any significant changes in terms of where adoptive, where foster children or placement children are coming from? Is it pretty much the same general background as before or have there been significant changes?

Is a higher percentage coming from different areas; drug dependent mothers, welfare mothers, single parent mothers? Any significant changes there in the last five, ten years?

Ms. Burnley. I think that there has been some evolution with regard to the nature of young people and foster care. I think that we are seeing a higher percentage of handicapped and young people and people with emotional problems in acting out behavior more difficult to place than was the case some years ago.

So, I think that they are presenting—this system is not a static system. It is evolving, it's changing all the time. And I think that there are changing problems that are present and we're aware of now that five years ago we didn't anticipate. But it is clear that I think the demands placed upon foster parents are more difficult than they used to be. It is because, as the Commissioner mentioned, we are having more difficulty, a lot of the states are having more difficulty locating foster parents because the changes in our society, there are more women working, more two parent couples where women work, and more single women are entering the workforce.

Those kinds of changes have an impact on our ability to recruit and maintain foster parents for what I think is an evolving foster care population.

Mr. Coats. Is that part of the reason why the trends are starting to go the other way?

Ms. Burnley. In terms of the increased numbers of placement? I don't know why the placements are increasing. I think that what we, what our role is to assist states the best that we can in developing new methods for recruiting foster parents, developing support systems for foster parents through our discretionary grants programs, and to assist them also with prevention activities through a variety of grant programs that we have.

Mr. Coats. Are there any studies ongoing in terms of these things that we were just talking about? Any that we can look to in the future that are going to tell us about this changing profile of children that have to be placed?

Ms. Livingston. We are charged with developing an information system on foster care and adoption information, statistics which have been a problem. And we have an advisory board that the secretary has appointed to respond to that. So we're working on that project, that was a charge from the Congress and—a report. It's a long-ranged project with implementation in the early 1990's. But we are due to have our first report back in October.

Mr. Coats. One last question—we've worked together on interagency agreement with the Department of Agriculture and the Department of Defense and HHS.

Can you—and that was signed some time ago—can you give me any update on where we are now and what we're doing and how it's working?

Ms. Livingston. Yes. You're referring to the military interagency agreement where we were attempting to provide the military families, through their various family support administrations, with materials, insights, connection now to the field, et cetera, et cetera, so that they wouldn't have to reinvent all this. We tried to provide them help in training for child care on the military bases.

We've connected them to our Headstart, CDA Childhood Development Associate. We have connected all the bases—well, we have written all the bases in the United States that have—that are located near a runaway shelter to let them know of the expertise that a runaway shelter's staff might be able to provide to the commander on the base, working with them to give them insights, perhaps, in how to deal with adolescent kids or if they have a runaway problem on the base and a number of other areas.

We're working particularly now on trying to connect the child abuse people in the states with the military people because the confidentiality issue has tended in the past to close out the military, the commander and some of his social services staff on the base for reasons which we think the military has tried to address, and there needs to be a closer relationship. We've been corresponding in that area and working on this New York thing which is moving along quite well.

But I think it's been so far very productive and there certainly is a good spirit. In fact, my staff is meeting with some military people this morning while we're up here.

Mr. COATS. Thank you.

Ms. LIVINGSTON. Would you excuse me? Mr. Grinker made a comment about a Federal recruiting effort, and that perhaps one is needed in recruiting foster parents. And I think that's a very interesting idea.

I think we would be very interested if we could maybe work out something with the states to do something in that area. We've tried to work with the foster parent associations, and we certainly recognize the problem and will be happy to lend our help to whatever extent we could because it is a serious situation.

Chairman MILLER. Mr. Weiss?

Mr. WEISS. Thank you very much, Mr. Chairman. Mr. Grinker, welcome. I know you're relatively new in the position.

How long have you been commissioner?

Mr. GRINKER. Four and a half months.

Mr. WEISS. One of the problems, of course, that we have in New York, and I suspect elsewhere, is that we have changing leadership from time to time and there's not the kind of continuity that would be desirable. But let me ask a question from the point of view of being there for four and a half months, since I'm sure you've been focusing on this foster care and adoption problems as one of the major concerns.

How would you gauge where New York is in relation to dealing with the problem of foster care and adoption, compared to the circumstances of two years ago?

Mr. GRINKER. Well, I think that in terms of what's happened over the past three years, Congressman Weiss, that we've seen a complete reversal of what occurred between 1978 and 1985 when foster care participation went down to a large extent, I think, in response to the Child Welfare Act of 1979.

In the past two years that has reversed, and we're now in an expansion mode. And what's happened, I think, is that——

Mr. **Weiss**. Expansion mode meaning that you have a greater case load——

Mr. **Grinker**. The number of cases coming into the system is greater. The numbers of babies and younger children coming into the system, is greater. The number of children coming in with serious problems, often times brought about by parental drug use, and AIDS is now greater.

We have a real problem on our hands. I think what's happened is that for many years the system was in a mode of decline, and what we've had to do somewhat, I think, unexpectedly is try to turn that system around rapidly, and that's caused us considerable problems.

I think that one of the things I heard from the Federal commissioners—and one of the things that I think is lacking—is a real knowledge about what's going on here. There isn't enough going on to tell us why this is happening to New York City and New York State and we have been left to grapple with this problem on our own.

Mr. **Weiss**. Well, ultimately—although I believe they should be greater and more effective in their role, ultimately it is indeed a local problem, right?

Mr. **Grinker**. Absolutely. It always is.

Mr. **Weiss**. Now, I don't know what figure you cited, but I think that you suggested you're trying to get the study of the home conditions, where the children are to be placed for permanent adoption reduced to what, a 60-day period?

Mr. **Grinker**. The state requirements are that we do it within six months. Our average length of time for doing home studies is three to four months. We're trying to reduce this time to four to six weeks and that's primarily so that——

Mr. **Weiss**. Is the three to four month time frame unquestioned? Because I've seen some figures of perhaps seven to nine months.

Mr. **Grinker**. Well, I believe that, in any given case it could be longer. But, on average, it is three to four months. I can't say that in a given case it doesn't take longer.

Mr. **Weiss**. Over what time frame has that average been developed?

Mr. **Grinker**. Within the last six months. That's the length of time it has taken to do home studies for familes new to the system.

Mr. **Weiss**. It seems to me that apparently——

Mr. **Grinker**. Now, that means that some are done more quickly and some are done in a more lengthy manner. But we're trying to bring that down to four to six weeks.

Mr. **Weiss**. Because obviously that's one of the areas where we could streamline the processing time, at least some shortening of the time the children have to be kept away from placement.

Mr. **Grinker**. That's absolutely right.

Mr. **Weiss**. Miss Livingston, as you know, the Committee on Government Operations just issued its report entitled "Mismanagement of the Office of Human Development Services: Undermining Programs for Children, the Disabled and the Elderly." Without

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going into all the specifics that we have in the report, let me just touch on a couple of the points which are relevant to this hearing.

One major program designed for older foster care children is the Independent Living Initiatives, which were authorized at $45 million each year for fiscal years '87 and '88.

Why did the Administration for Children, Youth and Families ignore the June 7, 1986 deadline for regulations for that program and then request a rescission of the program in January of 1987?

Ms. LIVINGSTON. Given the—that we make some inroads without this legislation.

Mr. WEISS. And what is your position now on that program?

Ms. LIVINGSTON. We are implementing it, as I mentioned in my testimony.

Mr. WEISS. All right.

Ms. LIVINGSTON. OMB has given us the money and we have the obligation to come in, and we will be reviewing them and implementing the intent of the Congress.

Mr. WEISS. The Childrens Trust Fund challenge grants which——

Chairman MILLER. Let me just yield on that point. The official position of the Department is still for the repeal of that program, correct?

Ms. LIVINGSTON. Yes, that's right.

Mr. WEISS. The Childrens Trust Fund challenge grants, which provide matching funds to states for the prevention of child abuse and neglect, were illegally delayed by the Administration for Children, Youth and Families for almost one year, until last year.

How are those programs now and does the Administration for Children, Youth and Families now support the Childrens Trust Fund Program?

Mr. MOTTOLA. The Childrens Trust Fund Program we do not believe was illegally delayed. The administration requested rescission and used what I have to believe were appropriate administrative processes.

As soon as the decision not to rescind the funds was made, we immediately put out the materials and, in fact, awarded the challenge grants. We're talking about child abuse challenge grants within the context of fiscal year 1986.

Mr. WEISS. One of the 1984 amendments to the Child Abuse Prevention and Treatment Act provided for states to use information regarding child abuse convictions in screening for potential foster parents. This amendment should have been implemented in 1985, but instead went into effect last month, two years later.

How do you justify that delay?

Ms. BURNLEY. I believe you're referring to the regulations which we published in February of this year implementing the non—provisions of the amendments of 1984 to the child abuse act. We published an NPRM, I believe it was something like 18, 12 months or so prior to that. There was considerable review process prior to publishing of the NPRM and, of course, considerable review after the receipt of comments on those regulations, and we published them as soon as the final regulations were, in fact, ready to be published.

We feel like we have resolved the issues that were required in those amendments and addressed others which came into us in the comment period. We regret that it takes so long to do that kind of thing, but we were proceeding along the course; we were not neglecting it, we were tending to it and it was done along the course; with other matters.

Mr. **Mottola**. We might point out, Mr. Weiss, that the 1984 amendments were manyfold and virtually in every other case. The—of the department and of our agency was fairly quick and complete. It is in that one area which Dr. Burnley alluded to which required a regular recorded process of——

Mr. **Weiss**. Well, I won't belabor the point and I hope that that one group will take the occasion to read the report because it seems to me that just these few examples illustrate part of the problem that we have with trying to develop a sense of commitment and urgency in dealing with these problems.

Mrs. Livingston, you had indicated that Dr. Burnley will be leaving the Children's Bureau, and I want to extend my congratulations for your new position.

Who's going to be her replacement? She's leaving at the end of this week, is that right?

Ms. **Livingston**. She's leaving Friday. It's her last day.

Mr. **Weiss**. Right.

Ms. **Livingston**. We do not have a final appointment yet. As you know, it takes—there's a process. But the acting associate commissioner is or will be Betty Stewart. Now, Betty has been with us about two years. She has served as a special assistant to Jane. She has about 25 years of working in the field, her masters in social work. She is——

Mr. **Weiss**. Do you intend to have a permanent replacement?

Ms. **Livingston**. To Jane?

Mr. **Weiss**. Yes.

Ms. **Livingston**. Yes, as soon as we finish the process. And I, as you know, I can't make a prediction about who the permanent person will be. But Betty will be the acting person in——

Mr. **Weiss**. What time frame do you expect for a permanent position——

Ms. **Livingston**. I asked my boss that yesterday and I, I mean, a month, within a month. Hopefully we can do it really in the next two or three weeks. But, as you know, political appointments sometimes get—I mean, you can't always predict how quickly it will happen, but we're trying.

Mr. **Weiss**. Thank you. Thank you very much, Mr. Chairman.

Chairman **Miller**. Mr. Hastert?

Mr. **Hastert**. Thank you. I'm sorry I didn't get to hear everybody's testimony. You know, I'm new to the Congress, but I've been involved on the other side. I've been in the legislature. And trying to mesh together the requirements that the Congress puts on the states and the state delivery organizations, and try to mesh state dollars with Federal dollars to make sure a job gets done.

And to listen to the testimony, listen to the questions from my colleagues on this side of the aisle, it's easy to lay on requirements and it's easy to ask you to put in new programs. But it seems that every dollar or every time that you people make up a set of rules and regs and lay them on the states, it costs us, the states, more dollars—well, it's not us anymore—but it costs the states more dollars.

What you actually do is take more people out of the field that are actually doing things with kids and families and put them in some type of bureaucracy where nothing gets done or very little gets done. It's a concern, and I think the more that you people put out those rules and regs and the more bureaucracy and red tape that you lay on the states, basically it's the states that are providing the service. It's the states that know what each unique situation is in that state.

My colleague, Mr. Coats, began talking about demonstration projects. I think they're a farce. Every time that we see a demonstration project and somebody taking an end run at a project that they want, and you people allow these demonstration projects to take place. What happens is less dollars actually go to delivery of people who are on the line and the service system that's out there to provide services for kids. I can go on and talk about 427, but 427 basically makes clients out of families and children who are problem areas to begin with.

And you take the expertise and you take your best and talented workers at the state levels, people who have spent years in working and fostered, and now they become a client for trouble spot situations while families and children that might be salvageable and might not be. But what happens, you end up shortchanging the foster care program; recruiting people, making sure that kids are getting placed in foster homes.

I'm just saying, making my statement from the other side that maybe in the Federal we shouldn't do more from the Federal side, but we should support those state agencies and actually the people who are on-line, delivering the services to children and family, and be a little more sensitive to their needs.

Ms. **Livingston**. Do you want me to respond to that?

Mr. **Hastert**. Yes.

Ms. **Livingston**. I gave a speech at a women's conference in California the day before yesterday and the name of my speech was The Working Mother: A Delicate Balance. And I think that phrase, a delicate balance, is really what we're trying to establish.

As Congressman Miller has pointed out a number of times, as well as many others in the Congress, there have been abuses, there have been problems. Some states have not done very well with this process, particularly back a decade or more. And there really was felt to be a need for it, and I think republican or democrat we believe that P.L. 96-272 has been a good thing and a challenge has been to really make it work to its best possible potential.

And inevitably that does create problems. I mean, we have problems with travel funds, staff, and we're trying to squeeze the most we can out of what we've got. And I think the states are in that same bind.

Mr. **Hastert**. Well, just from my perspective, the more that you lay on the states to do, as far as rules and regulations and make them jump over every hurdle and every little thing that comes along, you're taking their most talented people who would ordinarily go and serve families and children, and you're taking them out of the service process and put them in the bureacracy process, which is counterproductive.

Ms. **Livingston**. Well, I think you're right and that certainly is one of the major threads, or maybe I should say cords or ropes, that we have had in our philosophy.

We have been working for the last couple of years or so with the American Public Welfare Association on trying to get a better sense of where we're a problem for the states and to let them know where we need their help, and to try to work out some of these wrinkles. And there's probably not going to ever be a perfect world, but at least we're—we don't want to be just a burden. I mean, we want what we do to be for a purpose and to make some difference.

And we want the relationship to be a two-way street. We don't want it just to be a one state——

Chairman **Miller**. Will the gentleman yield?

Mr. **Hastert**. Yes.

Chairman **Miller**. As I say, I'm sure there's affection for demonstration programs when I see states that are starved for basic delivery services money, I'm a little concerned about that. And especially in this case where this law—I'd like to think that, in some ways, it was different from others because it wasn't written here in Washington. This law was written by state people over the long process and I think was welcome by the states, and I think the enthusiasm that we saw in 1981 and 1982 reflected the IV-B money that became available and the notion that this would continue to expand.

And the disappointment we now see because, you're quite right, the Federal Government said if you'll change all of your systems to do this, and I think everybody recognized those changes had to take place, we will stick with you in terms of the level of funding. Of course we headed for the woods here several years ago and the states are now stuck with a modified system that has tough requirements for the protection of those children.

But now I think, especially if, in fact, the indications of a rising caseload are accurate, with diminished service monies available to them—and I hope the Ways and Means Committee takes a look at this this year—we'll think about recycling some of those demonstration monies to the states for the delivery of those services. Not a great pool of money, but you have to pick and choose at some point. And in this case I think we want to pick protective services over some of those other programs.

I appreciate your remarks.

Mr. Grandy.

Mr. **Grandy**. Thank you, Mr. Chairman. I would like to ask after reviewing your testimony, Commissioner Livingston, if the Federal Government set any guidelines or criteria for becoming a foster parent, or is that left entirely to the states to determine?

Ms. **Livingston**. Well, Jane can speak to that in more detail, but it is more of a state issue.

Ms. **Burnley**. The actual rules and regulations governing the process by which a person can become a foster parent is very definitely the responsibility of individual states to carry out.

There are, though, general standards and guidelines which relate to foster parents and child care institutions which have been disseminated that have been developed in conjunction with organizations interested in the welfare of children and the Federal Government and have been disseminated by the Federal Government. But they are not regulations, per se, or not required guidelines.

Mr. **Grandy**. Well, for my own edification, what would some of these criteria be?

Ms. **Burnley**. For what would make a good foster parent?

Mr. **Grandy**. Yes. Give me a definition.

Chairman **Miller**. Boy, I can't wait for this definition. [Laughter.]

Ms. **Burnley**. Boy, I think it varies by state. I think that you might want to ask some of the state representatives who are going to be here the way they approach it.

Mr. **Grandy**. Let me guide you a little bit. Is there an age limit in which you cannot be a foster parent?

Ms. **Burnley**. Certainly not as a Federal requirement. There, I believe, are some age limits in some states.

Mr. **Grandy**. Is there a certain income requirement?

Ms. **Burnley**. Again, that varies from state to state.

Mr. **Grandy**. Do I understand correctly that there is now a shortage of foster parents?

Ms. **Burnley**. Most states report to us that they are having difficulty attracting persons to come into foster parenting.

Mr. **Grandy**. Can you report of any innovative methods that states are coming up with to swell the ranks of foster parents?

Ms. **Burnley**. Well, I think there are several aspects of that issue. One relates to a variety of support services that states, various states, are developing. I think Arizona has developed a model for providing—for foster parents who have difficult to supervise children, either handicapped or emotionally disturbed or whatever.

It's very difficult to make a full-time, 24 hour day commitment, and it is extremely helpful to be able to have some time away. Using volunteers or respite facilities is one growing example, for example, of what—a kind of support that can make it easier and therefore more attractive.

Mr. **Grandy**. Is this similar to the kind of thing you have in home health care?

Ms. **Burnley**. Yes. Either a volunteer who comes into the home and assists, or a facility to which the foster parent can take the youngster for respite care.

Mr. **Grinker**. Congressman, I didn't want to let this opportunity regarding eligibility pass. We have this poster that we're using in New York City which says women in their sixties can still have babies. [Laughter.]

Be a foster parent. This is part of our campaign to recruit more foster parents into the system.

Mr. **Grandy**. How is it working, Mr. Grinker?

Mr. **Grinker**. We've had about 6,000 calls since we started this campaign in February. We've had calls from people who have seen it either on television or on subway posters or the like, and we're screening them as quickly as we can.

But it seems to be effective in terms of generating interest.

Mr. **Grandy**. I did not get a chance to review your testimony, so excuse me if I ask a question that you've already answered. But beyond advertising, what incentives are you offering to people in their sixties to become foster parents?

Mr. **Grinker**. One of the things that we're trying to do is provide both more daycare and babysitting services, for foster parents so that they don't have to be in their homes all the time.

As Miss Burnley indicated, I think one of the problems is that increasingly you have women who traditionally might have been foster parents, but who now want to get a regular job. So our thought is that if we can provide them with daycare or babysitting services during the day they can get out part of the day, there will be more of an incentive.

We've also developed a program to help us place children with special problems, children who we in New York call Title XX, children who have been abused or have some other difficulty. In order to attract foster parents for these children, we increased the stipend level, nearly doubling it in fact, so that there is more of an incentive for foster parents to take in these children. This is also necessary, because there are increased costs associated with more difficult cases.

Mr. **Grandy**. My purpose in this whole line of questioning is to open up an idea which may already have been addressed, but that is to explore the possibility of using senior citizens as foster parents.

Is there any research which shows if there's a possibility to bring together these two groups and provide a service to both? If you are losing foster parents, it seems to me this is a good temporary source of foster parents.

Mr. **Grinker**. That's absolutely right. Another program we've got is what we call the foster grandparents program, where older are people are working in our hospitals where we have infants. The idea is to have the senior citizens form an attachment to the infants while they're in the hospital and then to bring them out into a home setting.

Mr. **Grandy**. In New York City is there any money for the elderly—which tries to marry these two groups and provides a service for senior citizens and a service for you as well?

Mr. **Grinker**. Yes, there is a foster grandparent program, I believe.

Ms. **Burnley**. I think the foster grandparent program is funded through Action, the independent voluntary agency. I'm not an expert on the Administration on Aging and the Older Americans Act, but they do participate with us in our discretionary grant announcement, and I do know that they have, the last couple of years, focused some of their demonstration grants, I'm sorry to tell you, on the development of projects which they're calling intergenerational projects.

The whole purpose is to bring older Americans into either part-time or full-time volunteer capacities with vulnerable populations. And, of course, abused and neglected children have been a primary focus.

Mr. **Grandy**. But to your knowledge there is nothing in the Older Americans Act right now which authorizes or addresses this particular problem.

Ms. **Burnley**. It's my understanding that they have used discretionary grant funds for that purpose. With regard to whether or not there is any line item for that, I am not familiar with that.

Mr. **Grandy**. Finally, do you know of any instances of states that perhaps are encouraging seniors to get into this program or discouraging them? Have you seen any instances of perhaps discrimination against people that seek to try to become a foster parent. Is there a bias anywhere?

Ms. **Burnley**. I am not aware that there is active discouragement of older Americans in the foster grandparent or foster parenting programs. It's just not something that I—there is—what I am aware of is that there seems to be an increasing attention focused on the abilities of older Americans and the contributions that they can make either through a subsidized program, such as Foster Grandparents, or through a volunteer capacity in a variety of ways.

Mr. **Brettschneider**. Just to show my own thought on that, I believe you'll find that some states have age restrictions on how old you can be to become a foster parent. New York State does not have, and has made that clear, but only in the last five or six years.

I also think old attitudes are hard to die and there is a good deal of bias against single parents of any age. So both of those restrictions still exist, I believe, in the practice of some agencies and the attitudes that linger.

And also I think some states' laws are not clear or are restrictive in that area.

Mr. **Grandy**. So am I correct in saying that if you are single and elderly you might, in some cases, have a problem becoming a foster parent?

Mr. **Brettschneider**. Yes, but in New York you're more than welcome. We desperately need you.

Mr. **Grandy**. Thank you.

Mr. **Coats**. Unless there are other questions—Congressman Durbin, do you have any questions?

Mr. **Durbin**. No, no questions at this time.

Mr. **Coats**. I want to thank Commissioner Livingston and all those who participated in the first panel for appearing today. We would like to ask your permission for the committee to submit written questions to you or any questions that may not have been brought up here or some the members may have.

Commissioner Livingston, we're happy to give you the last word here.

Ms. **Livingston**. Well, I think I would be derelict in my duties as the commissioner if I didn't congratulate Congressman Grandy on his recent marriage.

Mr. **Grandy**. Thank you. We have no children yet. [Laughter.]

Ms. **Livingston**. I think that's fine.

Mr. **Coats**. With that we will dismiss the first panel and call the second panel who will include the Honorable Michael Reagen, director of the Missouri Department of Social Services; the Honorable Gordon Johnson, director of the Department of Children and Family Services in Illinois; Linda Greenan, senior policy analyst from the Child Welfare League of America; and Brian Cahill, executive director of Hathaway Children's Services.

We will begin our testimony with Michael Reagen, and to the extent that the panelists could summarize their views it will give everybody a greater opportunity to ask questions.

STATEMENT OF HON. MICHAEL REAGEN, DIRECTOR, MISSOURI DEPARTMENT OF SOCIAL SERVICES; AND CHAIRMAN, MANAGEMENT COMMITTEE, COUNCIL OF STATE HUMAN SERVICES ADMINISTRATORS, JEFFERSON CITY, MO

Mr. **Reagen.** Good morning, Mr. Chairman. My name is Michael Reagen and I'm the director of the Department of Social Services for the State of Missouri and also I'm the chairman of the Management Committee of the National Council of State Human Services Administrators.

For sixteen years I was in Congressman Wortley's district in Syracuse, New York. I just completed seven and a half years as the Commissioner of the Human Services in the State of Iowa, and in January became the director in the State of Missouri.

In the short period of time that's been given to us we have submitted formal written testimony to you, sir. I will focus on some administrative and management concerns. My colleague immediately to my right, Gordon Johnson, a good friend from the State of Illinois, as I understand it, will focus on some programatic issues.

I've got four points I'd like to make. I'll repeat them at the beginning and the end and visit the highlights of them.

One, is that there are administrative concerns I think that many of the states have. There's over $400 million of back claims, $11 million from the State of Missouri.

Two, administrative costs are rising. We think because where states are becoming more proficient in capturing Federal reimbursement, in other words, taking advantage of the incentives to provide permanency planning for the youngsters, and so on, that Congress put into law.

Three, we're concerned generally about moving to cap administrative costs. The cap, we believe, would hurt our efforts to improve foster care and adoption programs and would kind of be contrary to the spirit.

Four, speaking for the commissioners of the states in the United States, we want to and welcome any cooperation for clear regulations, review processes in the future, and we would be happy, and I would be happy with my own committee, among others also, to appoint groups to work with and continue to work with both the administration and also members of Congress.

Briefly, hitting the highlights, for about a quarter of a century I've been involved in one role or another in the human service field and I've seldom witnessed a more remarkable and total transformation of a program and a service as has taken place for foster care and adoption since the enactment of Title IV-E of the Social Security Act of 1980.

And although states have began reorienting program goals toward permanency planning in the late 1970s, Public Law 96-272 was a catalyst that resulted in an extensive retooling of child welfare agencies so that the permanency planning for children has become a practice where it had been a sporadic event in the past.

Problems still remain. As we try to ensure that children are diverted from foster care and we take advantage of opportunitites for children to exit care, we have seen a deepening of a problem accumulating in the foster care system that remains.

Youngsters in foster care today are older, more troubled, and from more disorganized backgrounds and are often the products of abusive homes, and that has become an increasing route for youngsters entering foster care and for the overwhelming majority of foster care children.

Foster care is not a program that deals easily with such children. The traditional foster care model, I think frankly, is romanticized public-spirited volunteers paid a fraction of the costs of rearing a child, providing home-based care for abandoned children.

With the majority of women working today, many natural families are hard pressed themselves to provide care for their own children. The pool of foster homes is alarmingly low, especially in urban settings. The reimbursement rates for foster care are too low to make such care economically feasible for many families.

And, finally, foster care is unable to shoulder the burden in many instances of multiproblem children.

Let me quickly try to address myself to funding levels of Title IV-E programming. As an entitlement program, states are to be fully reimbursed for the payments made on behalf of the children in their care. Yet, this has not occurred.

As I indicated in my opening, over $400 million in back claims have yet to be paid nationwide, and in Missouri alone we have an $11.5 million bill that the Federal Government is behind in paying the state.

The specific problem facing Missouri is the timeliness of approving IV-E claims from the Department of Health and Human Services. One particular claim dates back to 1980. That consists of $2.1 million in foster care claims and approximately $300,000 in adoption assistance claims.

It is our understanding that the Department does not have sufficient appropriation to make those payments. A supplemental budget request has been made, but it will only cover a portion of back claims. And as they say on television, and so it goes.

Recently the grant appeal board has ruled in favor of Missouri in containing claims for eligibility determinations of costs associated with the administration of IV-E, and that approval will give us a backdated check, if you will, for somewhere in the neighborhood of over $5 million.

The problem that we now face is when the state will actually receive payment of those monies. Our Missouri legislature has already anticipated payment of those dollars and has already budgeted them in their current budgeting process, as some of you may appreciate the necessity to do that, having served in other bodies.

HHS has not treated funds for this program as they do other entitlement programs, in all due respect. In fact, they kind of say to the state, we know we owe you the money, but we don't have the cash and we're sorry.

I'd like to quickly point out that the reason the administrative claims have risen dramatically, in my judgment, over the past several years, is the state social workers are doing just what you asked them to do when you wrote the law. They're concentrating on activities that safeguard children and families' rights and facilitate family reunification and permanency for children.

As our front line workers have become more sophisticated in case planning, case supervision, recruiting, preparing and testifying in court, referrals of families for services, rate setting, placement, proportionate state share to agency overhead has grown, and most states are more proficient now in determining and documenting the precise amount of time workers spend on these tasks, which are identified in the law.

And as we become better at capturing that information about worker time, our costs have risen and we've taken advantage of the incentives you've provided to provide those services.

I finally would like to briefly address, if I may, the administrative handling of the program in general. States, we think, have been subjected to an array of inconsistent, inequitable and changing Federal well-meaning, but episodic, perhaps, standards and interpretations.

Again, after a number of years, and this is the third jurisdiction which I've been in, these difficulties, frankly, continue. Seven years after the passage of P.L. 96-272, there are still no promulgated Federal standards and regulations, nor are there any finalized Federal review guides in place. Many Federal compliance reviews have continued to be conducted across the country and within the context of no clear Federal guidance some states have been found to be out of compliance, when other states with exactly the same policies and practices have been found to be in compliance.

Needless to say, states caught in the middle of this Federal confusion were and continue to be at a loss as to how best to proceed in implementing P.L. 96-272 reform.

Let me illustrate. Requirements of the law were written in such a way that there was sufficient flexibility that allowed states to implement P.L. 96-272 within their particular structures. But HHS, in this administrative review process, has attempted to place more rigid restrictions on the states.

As an example, HHS will only accept a court order with the wording that reasonable efforts were made to prevent removal from the home, or that there was no appropriate or, at best, it was not in the interest of the child to prevent removal from the home.

In the case of emergency situations, if in our judgment services could not have prevented removal of the child, the court at the time of adjudication hearing must find that the lack of preventative efforts were reasonable.

While conducting a compliance review in Missouri, HHS people reviewed a case where a young girl had been sexually abused by her two brothers and the parents in the family were unable to protect her. Our social worker with court approval removed the girl from the home on an emergency basis. The review board felt that that was not an emergency situation. Therefore, Missouri had not met the reasonable efforts requirement. Their comment, by the way, was that the brothers could have been removed from the home as opposed to the girl.

Another example points out, this example points out, what was becoming a significant problem and that was the monitoring of the states' compliance with P.L. 96-272. HHS has no clear guidelines for reviewers and the states to use in determining compliance.

Therefore, we think frankly nationwide there's not necessarily a consistency across the board.

Again I would like to repeat the four points that I wanted to make for redundancy sake, as they say. One is that the back claims issue we think is serious. $400 million nationally, we believe, and at least $11 million in the state which I currently represent.

Two, the administrative costs I believe are rising because the states are doing the job. And with a more difficult and changing population of youngsters, which does speak to the program—successful, also a social phenomena is taking place. And we are taking advantage of the incentives that you built into the law to do that job.

Third, we're concerned about the cap proposal, perhaps a movement to cap administrative costs. That keeps us even more between a rock and a hard place and is very difficult.

Fourth, we applaud the assistance, the cooperative efforts that Commissioner Livingston and others have mentioned in working together. And just like we came together seven or eight years ago, we stand ready to come back again and to work to try it with the Congress, you and others in a cooperative way to resolve some of these dilemmas.

Those are my abbreviated remarks and formal comments have been submitted to you, Mr. Chairman. Thank you and I appreciate the opportunity to visit with you.

[Prepared statement of Michael Reagen follows:]

Prepared Statement of Michael V. Reagen, PhD., Director, Missouri Department of Social Services, and Chairman, Management Committee, APWA National Council of State Human Service Administrators, Jefferson City, MO

GOOD MORNING. MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE. MY NAME IS MICHAEL REAGEN AND I AM DIRECTOR OF THE MISSOURI DEPARTMENT OF SOCIAL SERVICES. I AM ALSO CHAIRMAN OF THE MANAGEMENT COMMITTEE OF THE AMERICAN PUBLIC WELFARE ASSOCIATION'S NATIONAL COUNCIL OF STATE HUMAN SERVICE ADMINISTRATORS. I APPRECIATE THE OPPORTUNITY TO TESTIFY BEFORE YOU TODAY ON BEHALF OF THE COUNCIL.

AS YOU KNOW, THE NATIONAL COUNCIL OF STATE HUMAN SERVICE ADMINISTRATORS IS COMPOSED OF THOSE OFFICIALS IN THE 50 STATES, THE DISTRICT OF COLUMBIA, AND THE U.S. TERRITORIES CHARGED WITH THE RESPONSIBILITY OF ADMINISTERING PUBLICLY FUNDED HUMAN SERVICES, INCLUDING THE CHILD WELFARE, FOSTER CARE AND ADOPTION ASSISTANCE PROGRAMS. OVER 7 YEARS AGO, THE COUNCIL WORKED CLOSELY WITH YOU AND OTHER MEMBERS OF CONGRESS IN THE EFFORT THAT RESULTED IN THE ENACTMENT OF P.L. 96-272, THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980.

AS THE ADMINISTRATORS OF THE STATES' FOSTER CARE AND CHILD WELFARE SYSTEMS, WE WERE VERY MUCH AWARE OF THE PROBLEMS PLAGUING THE SYSTEM AND THE DIRE SITUATION FACED BY MANY OF THE CHILDREN WE WERE SERVING. WE WERE APPRECIATIVE OF THE OPPORTUNITY TO ASSIST CONGRESS IN THE DEVELOPMENT OF THE GUIDING PRINCIPLES THAT BECAME THE NEW LAW. THE FEDERAL GOVERNMENT PROVIDED LEADERSHIP, VISION, AND RESOURCES NEEDED TO REORIENT CHILD WELFARE SERVICES IN THE STATES.

In my testimony today I will primarily talk about issues surrounding the administration and funding of this important, yet very complex program. My colleague, Gordon Johnson, from Illinois, will address the programmatic and demographic changes that have occurred in the program.

OVERVIEW/CONTEXT

Mr. Chairman, in my quarter-century of experience in the human services field, I have seldom witnessed such a remarkable and total transformation of a program and its service delivery system as has taken place in the foster care and adoption program since enactment of Title IV-E of the Social Security Act in 1980. Although states had begun reorienting program goals toward permanency for children in the late 1970s, P.L. 96-272 was the catalyst that resulted in an extensive retooling of state child welfare agencies, so that permanency for children has become accepted practice where it had been a sporadic event in the past.

With the framework provided by P.L. 96-272, states have worked toward resolving many of the problems that were identified over seven years ago in our public child welfare and foster care systems. We are no longer seeing so many young children come into care and stay for years in multiple foster homes. States are presiding over a significant decline in the number of children who are placed in foster care. According to the most recent

DATA AVAILABLE, THE NUMBER OF CHILDREN IN FOSTER CARE IS SLIGHTLY MORE THAN 275,000--DOWN FROM APPROXIMATELY 500,000 IN 1977. AND ALTHOUGH THERE IS A DECREASE IN THE TOTAL NUMBER OF CHILDREN IN CARE AT ANY ONE TIME, THERE IS AN INCREASE IN THE NUMBER OF CHILDREN ENTERING CARE (I.E., AN INCREASE IN THE "TURNOVER" OF CHILDREN IN FOSTER CARE MEANING NEW ENTRANTS TO FOSTER CARE ARE GOING HOME MUCH MORE QUICKLY). AND, THE AMOUNT OF TIME CHILDREN SPEND IN FOSTER CARE HAS DECREASED. THESE FACTS, TAKEN TOGETHER, SHOW A SYSTEM WHICH HAS MADE MAJOR IMPROVEMENTS FROM WHERE WE WERE IN THE 1970S.

PROBLEMS, HOWEVER, STILL REMAIN. AS WE TRY TO ENSURE THAT CHILDREN ARE DIVERTED FROM FOSTER CARE, AND THAT WE TAKE ADVANTAGE OF OPPORTUNITIES FOR CHILDREN TO EXIT CARE (IN ADOPTIVE HOMES, PERMANENT PLACEMENTS, OR IN RETURNING TO THEIR OWN FAMILIES), WE HAVE SEEN A DEEPENING OF THE PROBLEMS ACCUMULATING IN THE FOSTER CARE SYSTEM THAT REMAINS. THE YOUNGSTERS IN FOSTER CARE TODAY ARE OLDER, MORE TROUBLED, AND FROM MORE DISORGANIZED BACKGROUNDS. THEY ARE MORE OFTEN THE PRODUCTS OF ABUSIVE HOMES -- WHICH HAS BECOME THE ROUTE FOR ENTERING FOSTER CARE FOR AN OVERWHELMING MAJORITY OF FOSTER CHILDREN.

FOSTER CARE IS NOT A PROGRAM THAT DEALS EASILY WITH SUCH CHILDREN. THE TRADITIONAL FOSTER CARE MODEL ROMANTICIZED PUBLIC-SPIRITED "VOLUNTEERS," PAID A FRACTION OF THE COSTS OF REARING A CHILD, PROVIDING HOME-BASED CARE FOR ABANDONED

CHILDREN. WITH THE MAJORITY OF WOMEN WORKING TODAY, NATURAL FAMILIES ARE HARD-PRESSED TO PROVIDE CARE FOR THEIR OWN CHILDREN. THE POOL OF FOSTER HOMES IS ALARMINGLY LOW, ESPECIALLY IN URBAN SETTINGS. THE REIMBURSEMENT RATES FOR FOSTER CARE ARE TOO LOW TO MAKE SUCH CARE ECONOMICALLY FEASIBLE FOR MANY FAMILIES. AND FINALLY, FOSTER CARE IS UNABLE TO SHOULDER THE BURDEN OF MULTIPROBLEM CHILDREN. WHAT IS NEEDED IS A CONTINUUM OF CARE PERHAPS INCLUDING SPECIALIZED FOSTER HOMES AND WELL-TRAINED, SALARIED CARE-GIVERS, ACCESS TO STRUCTURED GROUP SETTINGS, TO MENTAL HEALTH, EDUCATIONAL, AND JOB TRAINING SERVICES, AND RESOURCES, TO FOCUS ON INDEPENDENCE FOR OLDER TEENS.

WE DO NOT, IN SHORT, HAVE A CHILD WELFARE PROGRAM IN THIS COUNTRY OF WHICH WE CAN BE PROUD. HOWEVER, WE CAN BE PROUD OF THE ENORMOUS STRIDES WE HAVE MADE.

THERE IS A FEELING IN THE STATES THAT WE ARE SOMETIMES ALONE. OUR FEDERAL PARTNERS, IN BOTH THE EXECUTIVE AND LEGISLATIVE BRANCH, SEEM TO HAVE LEFT US TO IMPLEMENT THE NEW FOSTER CARE AND ADOPTION PROGRAM WITHOUT THE BENEFIT OF FULL FEDERAL GUIDANCE FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. AND, ALTHOUGH HHS RARELY REQUESTS ADEQUATE FUNDING FOR THE CHILD WELFARE AND FOSTER CARE PROGRAMS, CONGRESS ALSO HAS NOT TAKEN THE LEAD IN ADEQUATELY FUNDING THESE PROGRAMS, EITHER.

Now, let me address the funding levels of the Title IV-E program itself. As an entitlement program, states are to be fully reimbursed for payments made on behalf of the children in their care. Yet this is not occurring. In Missouri alone, HHS is $11.5 million behind in payment of the state's foster care bill. Nationally, APWA has reported that from the responses from thirty states to date, back claims total more than $400 million.

The problem facing Missouri currently is the timeliness of approved IV-E claims from HHS. One particular claim dates back to 1980. This consists of $2.1 million in foster care claims, and $.3 million adoption assistant claims. It is our understanding that HHS does not have sufficient appropriation to make the payment. A supplemental budget request has been made, but it will cover only a portion of our back claims.

The source of these problems in Missouri stems from our efforts to design an amended Cost Allocation Plan (CAP) for Title IV-E, and to have it approved by HHS.

On September 24, 1984 an Amended CAP was submitted to Region VII Division of Cost Allocation (DCA).

On May 29, 1985 the Director, DCA, rejected the amendment on the grounds that HHS would not pay for pre-custody and post-custody services for children who enter foster care, and that HHS would

NOT PAY FOR THE ELIGIBILITY DETERMINATIONS FOR CHILDREN DETERMINED NOT TO BE TITLE IV-E ELIGIBLE.

MISSOURI SUBMITTED A REVISED CAP AMENDMENT WHICH WAS APPROVED 9-23-85. WE ALSO MAINTAINED THAT THE ORIGINAL CAP AMENDMENT SHOULD HAVE BEEN APPROVED, AND WE SUBSEQUENTLY FILED AN APPEAL TO THE GRANTS APPEAL BOARD.

IN REJECTING THE ORIGINAL CAP AMENDMENT DCA DENIED CLAIMS FOR IV-E ELIGIBILITY DETERMINATIONS WHEN A CHILD WAS FOUND INELIGIBLE AND CLAIMS FOR ADMINISTRATIVE COST FOR CASE PLAN DEVELOPMENT, JUDICIAL DETERMINATIONS, AND REFERRALS. DCA ALSO STATED THAT MISSOURI'S ADMINISTRATIVE COST WERE "UNREASONABLE."

ON MARCH 2, 1987 THE DEPARTMENTAL GRANT APPEALS BOARD (HHS) RULED IN FAVOR OF MISSOURI REGARDING CLAIMS FOR ELIGIBILITY DETERMINATIONS, AND FOR COST ASSOCIATED WITH THE ADMINISTRATION OF TITLE IV-E.

THE PROBLEM WE NOW FACE IS WHEN THE STATE WILL ACTUALLY RECEIVE PAYMENT FOR THESE CLAIMS. BASED ON OUR PAST EXPERIENCE, HHS HAS NOT TREATED FUNDING FOR THIS PROGRAM AS THEY DO OTHER ENTITLEMENT PROGRAMS, AND THEY SIMPLY SAY TO THE STATE, "WE KNOW WE OWE YOU MONEY, BUT WE DON'T HAVE ANY CASH. SORRY."

FINALLY, P.L. 96-272 HAS HAD A MAJOR IMPACT ON FOSTER CARE AND ADOPTIONS. WE HAVE A TRACKING SYSTEM THAT PROVIDES CURRENT INFORMATION ON THE STATUS OF OUR FOSTER CHILDREN. CHILDREN ARE GETTING OUT OF FOSTER CARE SOONER, AND THE NUMBER OF FOSTER CHILDREN HAS BEEN REDUCED.

AS WE ALL KNOW, THE CONCEPT OF PERMANENCY FOR CHILDREN WHO MUST ENTER FOSTER CARE WAS "INSTITUTIONALIZED" IN STATE PROGRAMS THROUGH THE DESIGN OF P.L. 96-272. CONGRESS WANTED TO CREATE INCENTIVES IN THE LAW FOR STATES TO PROMOTE PERMANENCY FOR THOSE CHILDREN WHO MUST ENTER FOSTER CARE TEMPORARILY. ONE OF THE VEHICLES FOR ACHIEVING PERMANENCY IS BETTER CASE MANAGEMENT: INCREASING THE AMOUNT OF TIME SOCIAL WORKERS SPEND ON FINDING APPROPRIATE OUT-OF-HOME PLACEMENTS FOR CHILDREN, CASE PLANNING AND REVIEWS, REFERRAL FOR SERVICES, CASE MANAGEMENT AND SUPERVISION, PREPARING AND THE TESTIFYING IN COURT, RECRUITING AND LICENSING FOSTER HOMES AND INSTITUTIONS, AND SETTING RATES FOR INSTITUTIONS. IN FACT, THESE ACTIVITIES ARE SPECIFICALLY IDENTIFIED IN CURRENT FEDERAL REGULATIONS (45 CFR 1356.60C2). P.L. 96-272 AND THE RELEVANT FEDERAL GUIDELINES ALLOW STATES TO CLAIM ADMINISTRATIVE FUNDS AT A 50/50 (FEDERAL/STATE) RATIO FOR THE PROPORTION OF CASEWORKERS' TIME SPENT ON THESE "ADMINISTRATIVE" ACTIVITIES.

THUS, THE REASON ADMINISTRATIVE CLAIMS HAVE RISEN DRAMATICALLY OVER THE PAST SEVERAL YEARS IS THAT STATE SOCIAL WORKERS ARE

DOING JUST WHAT YOU ASKED THEM TO DO WHEN YOU WROTE THE LAW. THEY ARE CONCENTRATING ON ACTIVITIES THAT SAFEGUARD CHILDREN'S AND FAMILIES' RIGHTS AND FACILITATE FAMILY REUNIFICATION AND PERMANENCY FOR CHILDREN. AS OUR FRONT-LINE WORKERS HAVE BECOME MORE SOPHISTICATED IN ACCOMPLISHING THE DIFFICULT TASKS REQUESTED OF THEM, SO HAVE WE, AS STATE ADMINISTRATORS. MOST STATES ARE MUCH MORE PROFICIENT IN DETERMINING AND DOCUMENTING THE PRECISE AMOUNT OF TIME OUR WORKERS SPEND ON THE TASKS IDENTIFIED BY LAW AND REGULATION AS "ADMINISTRATIVE." AND AS WE BECOME BETTER AT "CAPTURING" THE INFORMATION ABOUT WORKER TIME, OUR ADMINISTRATIVE COSTS HAVE RISEN AS WE HAVE TAKEN ADVANTAGE OF THE INCENTIVES YOU PROVIDED US IN THE LAW.

REGARDLESS OF THESE FAIRLY STRAIGHTFORWARD AND WELL-KNOWN FACTS THAT ADMINISTRATIVE COSTS REFLECT INCREASED CASE MANAGEMENT ACTIVITIES AT THE WORKER LEVEL, HHS HAS CONTINUED TO PROPOSE ADMINISTRATIVE CAPS ON THE TITLE IV-E PROGRAM. MR. CHAIRMAN, AN ADMINISTRATIVE CAP IN THIS PROGRAM CAN ONLY GREATLY EXACERBATE THE PROBLEMS RESULTING FROM THE EXISTING BACKLOG OF UNDISPUTED, YET UNPAID, FOSTER CARE CLAIMS FROM THE STATES, AND WILL CERTAINLY NOT HELP THE ABUSED AND NEGLECTED CHILDREN OF OUR COUNTRY.

REGULATORY GUIDANCE

FINALLY, I WOULD LIKE TO BRIEFLY ADDRESS THE HHS ADMINISTRATIVE HANDLING OF THIS PROGRAM. STATES HAVE BEEN SUBJECTED TO AN ARRAY

OF INCONSISTENT, INEQUITABLE AND CHANGING FEDERAL STANDARDS AND INTERPRETATIONS OF THE LAW.

ONE OF THE MAJOR PROBLEM AREAS FOR STATES OVER THE COURSE OF THE LAST SEVEN YEARS HAS BEEN THE SECTION 427 FEDERAL COMPLIANCE REVIEWS. AS I AM SURE YOU ARE WELL AWARE, SECTION 427 OF P.L. 96-272 IS THAT SECTION WHICH SPELLS OUT THE SPECIAL PROTECTION REQUIREMENTS THAT ARE GENERALLY CONSIDERED TO BE THE CORE OF THE REFORMS EMBODIED IN P.L. 96-272. (AN INVENTORY OF CHILDREN IN FOSTER CARE LONGER THAN SIX MONTHS; A STATEWIDE INFORMATION SYSTEM; A CASE REVIEW SYSTEM; AND A PROGRAM OF SERVICES TO ASSIST CHILDREN TO RETURN HOME OR TO BE PLACED PERMANENTLY IN ANOTHER HOME). STATES MUST COMPLY WITH THE SECTION 427 REQUIREMENTS IN ORDER TO RECEIVE THEIR SHARE OF TITLE IV-B FUNDS OVER $141 MILLION NATIONALLY, TO UTILIZE THE VOLUNTARY PLACEMENT PROVISIONS, AND TO TRANSFER UNUSED TITLE IV-E FUNDS TO TITLE IV-B.

AFTER ENACTMENT OF P.L. 96-272 ON JUNE 17, 1980, HHS ISSUED PROPOSED REGULATIONS ON DECEMBER 31, 1981, GOVERNING STATE COMPLIANCE WITH SECTION 427. THE REGULATIONS WERE LATER WITHDRAWN. IN THE ABSENCE OF ANY REGULATORY FRAMEWORK, THE HHS ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES INFORMED STATES THAT THEY COULD OBTAIN THE ADDITIONAL TITLE IV-B FUNDS BY SUBMITTING A CERTIFICATE OF SELF-COMPLIANCE WITH SECTION 427. A TOTAL OF 33 STATES AND PUERTO RICO CERTIFIED THAT TO THE BEST OF THEIR KNOWLEDGE AND TO THE BEST OF THEIR UNDERSTANDING OF THE LAW THEY

MET THE REQUIREMENTS OF SECTION 427. ALL OF THE STATES THAT CERTIFIED COMPLIANCE IN FY 81 DID SEEK SOME SORT OF FEDERAL GUIDANCE AS TO WHAT CONSTITUTED COMPLIANCE. IN EACH CASE THE STANDARD ANSWER, AND THE OFFICIAL ACYF POSITION, WAS THAT THE REQUIREMENTS WERE CONTAINED IN LAW AND THAT THE LAW CONTAINED ALL OF THE INFORMATION NECESSARY FOR STATES TO DETERMINE THEIR OWN COMPLIANCE.

IT WAS NOT UNTIL THE FEDERAL COMPLIANCE REVIEWS IN FY 82 THAT IT BECOME OBVIOUS THAT STATE COMPLIANCE WITH SECTION 427 WAS BEING MEASURED AGAINST AN UNKNOWN SET OR SETS OF STANDARDS. TODAY, SEVEN YEARS AFTER PASSAGE OF 96-272, THERE STILL ARE NO PROMULGATED FEDERAL STANDARDS OR REGULATIONS, NOT ARE THERE ANY FINALIZED FEDERAL REVIEW GUIDES IN PLACE. FEDERAL COMPLIANCE REVIEWS HAVE CONTINUED TO BE CONDUCTED ACROSS THE COUNTRY. WITHIN THIS CONTEXT OF NO FEDERAL GUIDANCE SOME STATES HAVE BEEN FOUND OUT OF COMPLIANCE WHEN OTHER STATES WITH EXACTLY THE SAME POLICIES AND PRACTICES HAVE BEEN FOUND IN COMPLIANCE. STATES WITHIN THE SAME REGION HAVE BEEN HELD TO DIFFERENT STANDARDS. DIFFERENT REGIONS HANDLED THE REVIEWS DIFFERENTLY. IN FACT, FEDERAL REVIEWERS, REVIEWING CASES IN THE SAME STATE, OFTEN HAVE HAD MAJOR DIFFERENCES OF OPINION ABOUT WHAT CONSTITUTED COMPLIANCE. NEEDLESS TO SAY, STATES, CAUGHT IN THE MIDDLE OF THIS FEDERAL CONFUSION, WERE AND CONTINUE TO BE AT A LOSS AS TO HOW BEST TO PROCEED IN IMPLEMENTING THE P.L. 96-272 REFORMS.

LET ME ILLUSTRATE. THE REQUIREMENTS IN THE LAW WERE WRITTEN IN SUCH A WAY THERE WAS SUFFICIENT FLEXIBILITY THAT ALLOWED STATES TO IMPLEMENT P.L. 96-272 WITHIN THEIR PARTICULAR STRUCTURE.

BUT HHS, IN ITS ADMINISTRATIVE REVIEW PROCESS HAS ATTEMPTED TO PLACE MORE RIGID REQUIREMENTS ON THE STATES. FOR EXAMPLE P.L. 96-272 SECTION 472 (9) (1) STATES "THE REMOVAL FROM THE HOME WAS THE RESULT OF A JUDICIAL DETERMINATION TO THE EFFECT THAT CONTINUATION WOULD BE CONTRARY TO THE WELFARE OF SUCH CHILD" AND (EFFECTIVE OCTOBER 1, 1983) THAT REASONABLE EFFORTS OF THE TYPE DESCRIBED IN SECTION 471 (A) (15) HAVE BEEN MADE "REASONABLE EFFORTS WILL BE MADE (A) PRIOR TO THE PLACEMENT OF A CHILD IN FOSTER CARE, TO PREVENT OR ELIMINATE THE NEED FOR REMOVAL OF THE CHILD FROM HIS HOME;" THERE IS NO SPECIFIC PROCEDURE FOR THIS "JUDICIAL DETERMINATION."

HHS WILL ONLY ACCEPT A COURT ORDER WITH THE WORDING THAT:

- REASONABLE EFFORTS WERE MADE TO PREVENT REMOVAL FROM THE HOME OR;
- IT WAS NOT APPROPRIATE OR IN THE BEST INTERESTS OF THE CHILD TO PREVENT REMOVAL FROM THE HOME.
- IN THE CASE OF EMERGENCY SITUATIONS, IF OUR JUDGMENT WAS THAT SERVICES COULD NOT HAVE PREVENTED REMOVAL OF

THE CHILD, THE COURT AT THE TIME OF THE ADJUDICATION HEARING MUST FIND THAT THE LACK OF PREVENTIVE EFFORTS WAS REASONABLE.

WHILE CONDUCTING MISSOURI'S TITLE IV-E COMPLIANCE REVIEW STAFF FROM HHS REVIEWED A CASE WHERE A YOUNG GIRL HAD BEEN SEXUALLY ABUSED BY HER TWO BROTHERS AND THE PARENTS WERE UNABLE TO PROTECT HER. OUR SOCIAL WORKER WITH COURT APPROVAL REMOVED HER FROM THE HOME ON AN EMERGENCY BASIS. THE REVIEWERS FELT THAT IT WASN'T AN EMERGENCY SITUATION, THEREFORE, MISSOURI HAD NOT MET THE REASONABLE EFFORTS REQUIREMENT. THEIR COMMENT WAS THAT THE BROTHERS COULD HAVE BEEN REMOVED FROM THE HOME.

o THE ABOVE EXAMPLE POINTS OUT WHAT IS BECOMING A SIGNIFICANT PROBLEM. THAT IS THE MONITORING OF STATES COMPLIANCE WITH P.L. 96-272 - TITLE IV-E. HHS HAS NO CLEAR GUIDELINES FOR THE REVIEWERS AND THE STATES TO USE IN DETERMINING COMPLIANCE. THEREFORE, THERE IS NO CONSISTENCY IN REVIEWING COMPLIANCE.

CONCLUSION

MR. CHAIRMAN, I WANT TO THANK YOU VERY MUCH FOR THE OPPORTUNITY TO TESTIFY BEFORE THE COMMITTEE TODAY AND TO PRESENT THE VIEWS OF

THE NATIONAL COUNCIL OF STATE HUMAN SERVICE ADMINISTRATORS. WE STAND READY TO ASSIST YOU AND THIS COMMITTEE IN ANY WAY WE CAN AS YOU HELP US TO MOVE FORWARD IN THE IMPLEMENTATION OF THIS VITAL LAW FOR CHILDREN AND THEIR FAMILIES.

Chairman MILLER. Thank you. Mr. Johnson.

STATEMENT OF HON. GORDON JOHNSON, DIRECTOR, DEPARTMENT OF CHILDREN AND FAMILY SERVICES, SPRINGFIELD, IL

Mr. JOHNSON. Thank you, Mr. Chairman, for inviting us from Illinois to present to you our foster care and child welfare system in the State of Illinois. We're also happy to see our congressman from our state with us today.

I am the director of the Department of Children and Family Services of Illinois. Our department, of course, investigates child abuse and neglect, provides all child welfare services in that state.

As I speak to you now, we are experiencing a 31.6 percent increase in child abuse cases in the state. However, we have also found that foster care is very important; the program that needs speaking of and we feel is the backbone of child welfare for the state.

It's an important alternative because we feel that children need to be placed in situations similar to home as quickly as possible. However, we've had to initiate a complete overhaul of our system, which was mediocre and loosely administered for some time.

You will note from the chart that we put into your packet that has—give someone the home advantage—that even though we've seen an increase in the indicated case of child abuse from 1981 to the projected 1987 from 21,000 to approximately 42,000 children that we found not as significant an increase in the number of children in care.

In fiscal year 1981 there were about 44,000—or 4,399 children in care, and projected for—I'm sorry, 14,000 started in 1981 and in 1987 it will be about 14,500.

On the basis of extensive study and analysis we initiated changes to effectively address children and foster parents and the needs of foster parents. A large number of foster families leaving the system was apparent. For example, in June 30, 1984 we had about 3,500 foster homes and in June 30, 1986 we had approximately 2,800 foster homes.

Our foster care initiative commenced in October of 1986 and is called Give Someone the Home Advantage. This campaign was highly publicized in the media and was aimed particularly at recruitment of specialized foster homes. We've even recruited on military bases. For example, Scott Air Force Base in Illinois is one of the prime areas that we targeted for recruiting. We also mandated foster parent training, preservice training and in-service training. And we've been attempting to recruit different types of foster parents.

Foster parents and case workers and biological parents are members of a treatment team which is new to Illinois. And we're also matching the needs of children with skills of foster parents so that we hopefully can keep turnover of children in foster homes to a minimum.

We have a new program called—Professional Foster Parents Program, and also we have support systems for foster parents which includes crisis intervention, care, adequate reimbursement scale for foster parents. and daycare for foster parents, particularly employment related.

We've done specific training with the Illinois Jaycees and our Parent-Teacher's Association and, as I mentioned, Scott Air Force Base.

What are the results of this? We have been successful in recruiting approximately 60 new foster parents per month. The average length of stay for children in foster care in Illinois is 12 months. We've also seen a dramatic increase in adoption.

For example, in 1975 to 1980, there were 2,851 finalized, or children finalized for adoption. And we had 1,832 waiting for adoption. In 1981 to 1986 we had 4,251 children finalized for adoption and 280 waiting for adoption.

In Chicago alone in 1980 there was 702 children, particularly black children, waiting for adoption. In December of 1986 there were 39.

We also feel that the Federal assistance is badly needed and P.L. 96-272 that requires additional findings that adequate preventive services has been provided before placement costs can be reimbursed places an undue burden particularly on the states. It's very difficult for a state, particularly its executive branch, to exercise control over the judicial branch.

However, we've found some positive trends, or at least positive effects of P.L. 96-272. We found that the movement of children over those five years has been great. For example, five years preceding the law we had 2,821 adoptions finalized, and five years following the implementation of the law we had 4,251 adoptions finalized, which is a 50 percent increase.

We also join those who are concerned about the back payment for claims of IV-E. We have a $19 million claim waiting for reimbursement which, of course, is important to the budgetary process for children services. And we would hope that the Federal Government would honor that claim as quickly as possible because it's also in our budgetary process.

Thank you.

Chairman MILLER. Thank you very much.

[Prepared statement of Gordon Johnson follows:]

PREPARED STATEMENT OF GORDON JOHNSON, DIRECTOR, ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES, SPRINGFIELD, IL

I am pleased to have the opportunity to speak with you today regarding the important issues facing our foster care system – and to share something of our experiences in Illinois as we move forward toward building an effective system.

Since the passage of the Adoption Assistance and Child Welfare Act of 1980, we in Illinois have put in place comprehensive systems to implement it. These efforts toward permanency for children and families have reaped many important benefits. Take, for example, our efforts toward placement prevention. During fiscal year 1981, my department indicated reports of child abuse and neglect involving 20,985 children. In fiscal year 1986, the department indicated reports involving 33,954 children – a more than 50 percent increase. In contrast, on the last day of fiscal year 1981, the department had 14,399 children in substitute care. But on the last day of fiscal year 1986, the department had 13,454 children in substitute care. Thus, inspite of a dramatic increase in the number of abused and neglected children, the number of children in substitute care has actually decreased. And, at the present time the average length of time Illinois children spend in substitute care is only 12 months.

Our efforts to place children in the least restrictive setting have likewise been successful. In 1982, the department had 2,254 children in group homes and institutions. In 1986, there were only 2,052 children in such facilities.

And our efforts to place children who cannot return to their own homes into appropriate adoptive homes have been just as rewarding. In the five years preceding implementation of 96-272, there were 2,821 adoptions finalized. In the five years following implementation, 4,251 adoptions were finalized – an increase of 1,420 children or 50 percent. The number of Illinois children awaiting adoption reached an all-time high of 1,832 in 1980. But thanks in large part to 96-272, that number has plummeted to its current level of only 280.

We feel that the positive changes brought about through P.L. 96-272 have made a critical difference in the lives of thousands of children in Illinois and throughout the nation. However, implementation of these changes has created problems in other areas of our child welfare system. These problems must be addressed if we are to maintain the gains we have made and continue to move forward.

First, I would like to point out a "glitch" in the law itself. It involves the requirement that there be a judicial finding that adequate prevention services have been provided before placement costs can be reimbursed. We fully recognize the need to insure that all efforts are made to prevent unnecessary placements of children. However, this provision of the law has been one of the most difficult to fulfill – essentially, it requires the executive branch of government to exercise control over the judicial branch. Because of turnover in the judicial profession, we have had difficulty in keeping judges and court personnel adequately informed of this requirement of 96-272. And sometimes even when they are aware of this provision, court personnel do not appreciate the need for such a finding. I recommend that the law be modified to reflect or address this problem area.

The need for additional resources to serve the increasing numbers of abused and neglected children is critical. In Illinois, we are increasing our resources for preventive and in-home services. We recognize how critical those services are.

And yet, the area in which we have seen the most devastating impact of recent systemic changes is in the area of foster home care. The problems we are facing in this area have led me to implement a major initiative within the Illinois Department of Children and Family Services to restructure and revitalize all aspects of our foster care system.

P.L. 96-272 has contributed to this current situation in the following ways:

It redefined the basic role and purpose of foster home care. Previously, foster care was seen as a long-term solution for a child who had been rescued from a "bad" family. But with P.L. 96-272 came requirements for aggressive services to rebuild troubled families or move toward another permanent home for children. The purpose and role of foster care has consequently shifted to a temporary service with emphasis not only on protection, but also permanency for the child. However, no consistent effort has been made to either inform foster parents or to define for them the implication of this new purpose and role.

A second and largely unforeseen, impact of this law resulted from the definition of the responsibilities of direct service staff. Prior to the permanency planning movement in child welfare, the major efforts of direct service staff were directed toward supporting foster parents and maintaining placements. Now, the child and his or her family are identified as the "clients" and the major time and effort of the direct service staff is directed toward assisting families in resolving problems in an attempt to reunify them. The result for foster parents has been a drastic reduction in the availability of direct service staff as a source of support. Consequently, foster parents frequently feel isolated and without essential support.

A third major impact of P.L. 96-272 stems from the success of the aggressive family preservation and placement prevention efforts mandated by this law. As a result of these efforts, only those children from the most severely abusive and neglectful situations are currently entering foster care. These children tend to be more traumatized and to exhibit more difficult behavior than previous generations of children in substitute care. This together with our efforts toward placement in the least restrictive setting, means today's foster parents must have more specialized skills than those who served previous generations of foster children.

The stresses these changes have placed on the foster care system have resulted in a variety of issues and problems. These have been identified by both child welfare staff and foster parents. While these issues cover a broad spectrum, they can generally be separated into two groups: maintenance issues and conceptual issues. Maintenance issues relate to the day-to-day operation of the foster care system: obtaining medical care, payment issues, discipline parameters, etc. Conceptual issues are those which touch upon the nature and definition of foster home services. They include:

- What is the purpose of foster home care vis-a-vis the troubled families and children who come to the attention of child welfare agencies and the courts?

- What kinds of children are appropriate for foster home care, as opposed to more restrictive placement such as group homes and institutions?

- What is the role of the foster parent in relation to the department, the foster child, the direct service worker and the biological family?

One result of these stresses is the large number of foster families leaving the system. On June 30, 1984 my department had 3,597 licensed foster homes available for use. As of June 30, 1986 we had 2,790 foster homes available for use. Clearly, major changes must be implemented if we are to stem the tide and foster care is to remain a viable alternative for children in substitute care.

The Illinois Department of Children and Family Services has been aware of the increased difficulties and has been active in listening and responding to the issues. The scope and variety of problems have prompted us to move beyond a piecemeal approach and to undertake a major reassessment and revitalization of all aspects of the foster care system.

In an effort to systematically gather the data necessary to develop a plan, the department appointed several work groups and worked with outside contractors to study various aspects of the foster care system and make recommendations for change. These groups and the published results of their findings include:

- Child Welfare Services Initiative Resource Work Group – Committee on Foster Family Care, 1984; "Issue Paper."

- Western Illinois University 1985; "An Assessment of Illinois Foster Care: A Prioritization of Program Needs and Goal Enhancement."

- Child Welfare League of American, 1985; "Report on the Foster Care Parent Selection System of the State of Illinois, Department of Children and Family Services."

- Statewide Foster Care Advisory Committee, 1985; "Recommendations on Foster Parent Training."

We conducted an attitudinal survey of workers and foster parents in 1984. It gave some interesting insights into the issue of foster parent role ambiguity and conflicting opinions held by the child welfare system and foster parents as to the essential nature of foster care.

The study showed:

- 83 percent of foster parents and 58 percent of workers perceived foster parents as being more like substitute parents rather than professional care providers.
- 65 percent of foster parents viewed parenting the foster child in the same light as parenting their own children.
- 41 percent of foster parents perceived the best reason for using a foster home as "raising abused children."

On the basis of our extensive study and analysis of the issues in Illinois, our department has begun a major initiative to restructure our foster care system. Sample work products of that initiative are included in your packets. The goal of this initiative is to create a viable foster care program in Illinois which provides us a permanency-based continuum of foster care service. Its goal is to assure that foster home care remains a viable resource for current and future populations of children requiring substitute care.

Such a system must include two essential features:

First, it must create and support a professionalized role for foster parents. In this role, foster parents – as members of a treatment team – are encouraged and enabled to provide skilled services to a client system which includes both children and biological parents.

Second, it must create a "treatment team" in which foster parents and direct service workers have well-defined responsibilities and work closely and collaboratively in providing foster care services.

In order to move our system from its present status toward this "model" system, we have developed an action plan which addresses all of the major components of an effective foster care system. These components are:

- A clear definition of roles for all members of the foster care team.
- A foster home recruitment program which attracts applicants who are both interested in and capable of fulfilling the professional role.
- A foster parent training program, both pre-service and in-service, which prepares foster parents to provide the services needed.
- Appropriate utilization of foster care resources, including matching the needs of children with skills of foster parents.

- A support system which provides adequate assistance to foster parents so they can properly care for the populations of children currently entering care. This includes crisis intervention, respite care, and a reimbursement scale which recognizes the professional role which foster parents now fill.

Illinois has moved forward to tackle these difficult issues. However, the problems are not Illinois' alone, but are nationwide. If we are to be successful, the efforts of the states must be supported by strong federal leadership.

The federal government must redefine its partnership with the states in terms of funding the new approaches to foster care services. In addition to funding new initiatives, the federal government must sustain current levels of support for improving foster care services—including full funding of Title IV-E training for staff and foster parents.

These are the issues before us. They go to the core of our foster care system. How we address them will have basic, far-reaching effects on child welfare practice as we know it. P.L. 96-272 is truly a landmark in the history of child-oriented legislation. All those associated with it—the authors, the sponsors, the implementers—should take great pride in what it has accomplished to date. With some cooperative fine-tuning of the law and how it is practiced, we can accomplish even more. Together we can make permanency for children not just a concept, but a reality.

Thank you.

Chairman **Miller**. Ms. Greenan.

STATEMENT OF LINDA GREENAN, SENIOR POLICY ANALYST, CHILD WELFARE LEAGUE OF AMERICA, INC., WASHINGTON, DC

Ms. **Greenan**. Good morning, Mr. Chairman, and members of the panel. If I could take just a minute and use this opportunity to thank you, Mr. Chairman, for your leadership and you, Mr. Durbin, as well, for your efforts recently in the budget deliberations and securing increases, or assumptions for increases in the funding of needed children's programs. We really do appreciate your efforts and know how difficult it was.

We are in the process of letting our membership know of your efforts. And again, thank you both very much.

Chairman **Miller**. You hope and we hope that "assumptions" is not the key word here.

Ms. **Greenan**. Well, we're going to take it a little further. Actually, I understand that Senator Riegle is introducing a Title XX bill today. So we will be shifting our focus now and working on the authorizing committees.

My name is Linda Greenan and I am the senior policy analyst for the Child Welfare League, responsible for Federal, legislative and administrative activities related to the Title IV-E foster care and adoption assistance programs, Title IV-B, Child Welfare Services Program, and the Child Abuse Prevention and Treatment Act.

The League is a national privately supported organization comprised of 475 members and 1,600 affiliate agencies, both public and private non-profit agencies located throughout North America who provide services to children and their families ranging from in-home family based services designed to keep families together in crisis, child daycare, day treatment, services to pregnant and parenting teens, foster family care, group homes, residential treatment and adoption placement services.

We were asked to direct our comments this morning to the administration's budget proposals for FY 1988 and supplemental budget requests for FY 1987 as they relate to various child welfare programs.

Inasmuch as these proposals have been discussed in detail in our written statement, and with regard to the supplemental request, have been resolved in part and which is also detailed in our addendum, I would like to confine my remarks to the affect that such proposals have had on new initiative in the foster care program, which was authorized and funded last year in the 99th Congress.

This initiative, known as the Independent Living Program, added a new section 477 to the Title IV-E foster care program for the purpose of addressing the needs of adolescents in foster care who are exiting or aging out of the system. These are adolescents who, for whatever reason, are not going home. They will not be adopted and they are quite literally at age 18 or 19, on their own, once the Federal subsidy ends.

Over the past several years our agencies have related to us that this particular segment of the foster care population was perhaps the neediest, given the lack of any comprehensive or systemic mechanism to adequately fund these needs—some of which were able to continue due to its support from other funding sources once Federal funds ran out. Other programs were not able to continue and simply ended.

But the problem and the needs did not end. In fact, in many jurisdictions the needs increased and became more visible as evidenced by increasing numbers of homeless youth who were former foster care children.

The purpose, then, of section 477 is to ensure that every state provides a program aimed at helping such youth make the transition from foster care to independent living. Such programs may include enabling adolescents to secure a high school diploma, job training and counseling, training in daily living skills, including seeking and maintaining housing, budgeting, career planning, and individual as well as group counseling.

For purposes of implementation, the Congress fully funded this program at $45 million for FY 1987. However, as we have quickly learned, the authorizing and funding of this program was the easy part. The most difficult part has been getting HHS to implement it, which brings me to the administration's budget proposals.

For FY 1987 the administration proposed reprogramming the entire FY 1987 appropriation of $45 million out of the Independent Living Program and into the general foster care account.

For FY 1988 the administration has not requested funds for this program, and, in fact, has forwarded a proposed bill to Congress which contains proposals to repeal the program in both FY 1987 and 1988. To date, to our knowledge, this bill has not been introduced.

This program, signed into law in April of 1986, for which regulations were required by statute to have been promulgated 60 days following enactment or in June 1986, and which should have been implemented last October when Congress made the funds available, has yet to be implemented. In fact, it was not until February of this year that states even heard from HHS in the form of a program instruction that this program even existed.

In that February communication states were told that despite the administration's opposition to the program, despite its proposal to reprogram FY 1987 funds, and despite its proposal to repeal the program in FY 1988, states should nevertheless submit applications by May 11.

In the past week we have spoken with approximately 35 states, all of whom have indicated their intention to submit applications. We were unable to speak with the other 16, including the District of Columbia, but anticipate that there will be close to 100 percent participation on the part of the states because they recognize the significance, the need, and the importance of this program.

It is our understanding, as we indicated in our addendum, that the administration is now preparing to move forward in implementing this program. It is our further understanding that this comes about not because the administration has recognized the need for this program, and not because they have decided to follow the intent of Congress, but because of the potential threat of the Senate to withhold Dr. Jean Elder's confirmation as assistant secretary for Human Development Services, pending the assurances that the Independent Living funds would be released.

I will forego any editorializing on this new turn of events except to say that what has occurred with this program, the fact that its implementation has been effectively stalled for one full year, and that for many youth who could have benefited quite literally from it today will possibly have already left the system once it takes hold in the states anywhere from six months from now.

This is not unusual for this administration, and particularly as it relates to the foster care and adoption assistance programs. I will just cite a few examples and then close.

Many states are presently owed funds. We've heard from both states today that they, too, are owed funds and according to Mr. Reagen, its approximately $400 million nationally. In New York the amount is approximately $176 million and in California it's $50 million.

To these two states' knowledge, none of these claims are disputed at all. They were submitted to HHS in some cases going back to 1980 and they heard nothing. The funds are owed to them, but they are not forthcoming.

Another example is despite an effective date of January 1987, regulations implementing a Title IV-E provision enacted in the Tax Reform Act of 1986 have not been promulgated. This provision would provide to families who adopt children with special needs reimbursement for so-called nonrecurring costs; typically one time only costs such as attorneys fees, court costs, or the cost of building a wheelchair ramp in one's home. These costs could, and very often do, act as barriers to the adoption of children with special needs, and yet they're now covered under present law, but HHS has not even yet defined what nonrecurring costs are so that states might know what's allowable and what isn't.

The State of Ohio provides another example. The State of Ohio submitted an amendment to its cost allocation plan in September of 1986 proposing to use its Title IV-E funds to purchase specialized foster family treatment. Despite Federal regulations requiring HHS approval of such amendments within 45 days, the state has yet to hear anything and is reluctant to fully utilize such treatment fearing future disallowances.

In the meantime, many children in Ohio are being placed in more restrictive settings rather than in specialized foster family homes, as what the state would like to be doing.

I mention all of this because it is the Child Welfare League's hope that given the new leadership at HDS, under Dr. Elder, that a new commitment to children and the programs that serve them will prevail. That past problems will be corrected and HHS will begin to work with the states in providing leadership and uniform timely direction in the implementation of new, as well as ongoing, initiatives effecting child welfare programs.

We encourage the support and fully appreciate this committee's ongoing commitment to children, youth and families, and ask that you continue your oversight of these issues. The Child Welfare League stands ready to assist both this committee and the administration in making the laws of children in this country better.

Thank you.

[Prepared statement of Linda Greenan follows:]

PREPARED STATEMENT OF LINDA GREENAN, SENIOR POLICY ANALYST, CHILD WELFARE LEAGUE OF AMERICA, WASHINGTON, DC

Good morning, Mr. Chairman and distinguished members of the Panel. My name is Linda Greenan and I am the Senior Policy Analyst for the Child Welfare League of America. My programmatic responsibilites at the League include the Title IV-B Child Welfare Services Program, Title IV-E Foster Care and Adoption Assistance, the Child Abuse Prevention and Treatment Act and the Adoption Opportunities Program. In addition to handling the legislative responsibilities for these programs, I am also responsible for the appropriations related to these programs.

As you know, the Child Welfare League of America is a national privately supported organization comprised of 460 members, both public and private non-profit agencies throughout North America, who provide services to children, youth and families. Such services include home-based intensive services aimed at keeping families together, day care, foster family services, group care, residential treatment, services for pregnant adolescents and young parents, emergency shelter care and adoption services. In addition to our 460 members, we also have a Division of 32 state associations of private non-profit agencies through which an additional 1600 agencies are affiliated with the League.

We have been asked to direct our comments this morning to the Administration's FY 1987 and FY 1988 budget proposals related to various child welfare programs. Before outlining these proposals, it might be useful to begin by providing some background on one of the programs which is newly authorized and which would be adversely affected should the Administration's proposals succeed.

Several years ago, League member agencies began relating to us problems they were having with older foster care youth who were "exiting" from or "aging-out" of the system. These are youth who, for whatever reason, are not returning to their biological homes nor are they being adopted. They are children who, very often at age 18 or 19, are quite literally on their own once the federal or state foster care subsidy ends. Although many of our agencies were attempting to address the needs of this population through independent living programs designed to help these adolescents make the transition from foster care to "independence" such programs were piecemeal, often subject to budget cuts from one year to the next, without any consistency or continuity. Many of these programs were funded through discretionary grants from HHS, some of which were able to secure ongoing funding once the grant ran out and some were not. In the latter case, these programs simply ended. Because of the lack of any national coordinated effort, these youth were increasingly being reported as comprising a sizeable portion of our nation's homeless population. For example, a study done in January 1984 by David Shaffer, M.D. and Carol L.M. Caton, Ph.D of Columbia University, *Runaway and Homeless Youth in New York City*, found that as many as 50% of the youth seeking shelter in New York City had a history of foster care placement. In addition to a high incidence of homelessness, there is also a high rate of future dependency on public assistance, as illustrated by another New York study. A December 1981 report by the City of New York Human Resources Administration found that 24% of the persons, between 18 and 21 years of age, discharged from foster care to their own responsibility in the year ending June 1980, were on public assistance *by September of that same year*.

It was for these reasons that the Child Welfare League of America made, as its primary legislative priority in the 99th Congress, the authorizing and funding of a federal independent living program. This, we are pleased to say, was accomplished. On April 7, 1986, the President signed into law the Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), Sec. 12307 of which amends the Title IV-E Foster Care Program by authorizing $45 million for each FY 1987 and FY 1988 for purposes of assisting States in the administration of programs "designed to assist children.... in making the transition from foster care to independent living." For FY 87, Congress fully funded this program at $45 million.

As we have quickly learned, the authorizing and funding of this program was easy compared to our more recent efforts at insuring its implementation, which brings us back to the Administration's budget proposals.

Budget Proposals Related to FY 1987 Needs and Appropriations[*]

The Administration proposes to meet a "shortfall" in the Title IV-E account of $165 million total, of which $127 million is related to the Foster Care program and $38 million is related to the Adoption Assistance program. This "shortfall" results from the absence of an FY 1986 supplemental appropriation. For the Foster Care program, the Administration proposes to reach the $127 million by:

- reprogramming the entire FY 1987 appropriation of $45 million from the Title IV-E Independent Living Program;
- reprogramming $22.5 million out of the FY 1987 appropriation of $222.5 million in Title IV-B Child Welfare Services;
- reprogramming $11.1 out of aging research;
- transferring $5.54 in unobligated Title XX Social Services Block Grant funds;
- new budget authority of $43 million.

For the Adoption Assistance program, the entire $38 million request would come from unobligated Title XX funds; therefore, the total transfer from Title XX would be $43.5 million

FY 1988 Budget Proposals

For FY 1988, the Administration makes no request for the Title IV-E Independent Living Program, indicating instead its intention to send to Congress legislation repealing the program. The request for Title IV-B Child Welfare Services in unclear since it is part of a proposed Social Services Discretionary program where the Administration proposes that Congress appropriate $2.2 billion for 26 different programs and allow the Administration to determine how much to provide in each program. The request for Title XX is $2.7 billion, its current entitlement ceiling.

Implications for Child Welfare Programs

In terms of the Title IV-B Child Welfare Services Program, as you well know, this program is critical in helping to keep families together. Since the implementation of

P.L. 96-272, Title IV-B has served as an important catalyst in the funding of pre-placement prevention services throughout every state child welfare system. Title IV-B has also provided much impetus for the establishment of reunification services aimed at returning children to their families when removal may have been necessary. And, despite the fact that this is one of the few programs which Congress has provided increased funding for over the past three consecutive years, its current appropriated level of $222.5 million falls far short of its authorized level of $266 million. Moreover, the severity of problems of children and families entering the child welfare system has escalated over the past several years, with more younger children coming into the system victims of more serious physical and sexual abuse. The limited funding of the Title IV-B program creates the potential for abused and neglected children to go unserved or be removed from their homes and inappropriately placed in foster care. Rather than taking funds already appropriated away from this program, the Administration should be proposing to fully fund it in order to insure the provision of preventive and/or reunification services for every child who needs them.

With respect to the Title IV-E Independent Living Program, the Administration has repeatedly ignored Congressional intent with regard to the implementation of this program. By statute, HHS was required to issue regulations within 60 days of enactment, or by June 7, 1986. Rather than issuing regulations, HHS issued a Program Instruction -- but not until February 10, 1987 -- 8 months from the date regulations were to have been published. In the Program Instruction's summary, HHS acknowledges its pending budget proposals and while recognizing the "importance of developing independent living skills for teenagers in foster care" states that "we cannot support the implementation of a new categorical services program for this purpose." The summary went on to say, "However, we are issuing these instructions, on a contingency basis....during the period of Congressional consideration of our legislative and budgetary proposals." States were also advised that they must submit their applications by May 11, 1987.

In the meantime, both the House and Senate Appropriations Subcommittees on Labor-HHS-Education have indicated to HHS their concern and/or disapproval of the reprogramming requests. With respect to the House, on March 2, 1987, House Subcommittee Chairman William Natcher (D-KY), by letter to Anthony McCann, Assistant Secretary for Management and Budget/HHS, formally disapproved all of the Administration's reprogramming requests, except one related to the Health Care Financing Administration's request to meet increased pay and retirement costs. In the case of the Senate, it is our understanding that HHS has communicated to the Subcommittee that it is "postponing" its request to reprogram the Title IV-E Independent Living funds, pending its legislative proposal to repeal the program in both FY 1987 and FY 1988. To date, this legislation has not been forwarded to Congress. At this point, it is unclear what HHS intends to do with states' plans once submitted: will they be approved in a timely manner or does HHS intend to wait for Congress to consider the Administration's legislative proposal to repeal the program?

One thing is clear, however, HHS has effectively caused the start-up of this program to be delayed by approximately one year. In the life of a child for whom this program is intended, one year of services -- such as job training, educational options, shopping, banking, planning and problem solving -- is literally worth that child's lifetime. And, for that child, it may now be too late.

As to the Title XX program, it is our understanding that the "unobligated" funds result from the establishment of this program as a block grant in 1981. Given the wide-range of services provided by states under Title XX, we would urge that these funds be immediately obligated to the states based on the current allotment formula thus, allowing the states to determine the use of the funds, as is intended under Title XX.

Finally, in connection with the issue of a "shortfall" in the Title IV-E foster care and adoption assistance account, while this may present states with some bookkeeping difficulties, we do not believe that states are unable to maintain or expand, if necessary, their current level of services. Given its entitlement nature and the fact that states have two years to make claim for reimbursement, Title IV-E is never really current; therefore, the need to address this "shortfall" by taking from appropriated or unobligated accounts is simply unnecessary.

Accordingly, we would urge this Committee to continue its advocacy and leadership on behalf of children by:

- Urging HHS to review and approve states' Title IV-E Independent Living plans within 30 days of receipt.
- Urging HHS to obligate the full Title IV-B Child Welfare Services appropriation for FY 1987 ($222.5 million).
- Urging HHS to submit to the Congress a FY 1987 supplemental appropriation request for Title IV-E Foster Care and Adoption Assistance which reflects states' current and prior year claims and is not based on the reprogramming of funds from any other account/program.
- Urging HHS to obligate the "unobligated" funds in Title XX Social Services Block Grant to the states.
- Joining with the Child Welfare League of America and other child advocacy organizations in encouraging the Congress to fully fund Title IV-B Child Welfare Services.

Thank you for this opportunity to present our views on this important matter. We appreciate very much the work of this Committee over the years in helping to make life better for the children, youth and families of this nation.

CHILD WELFARE LEAGUE OF AMERICA, INC.

HOUSE SELECT COMMITTEE
ON
CHILDREN, YOUTH AND FAMILIES

HEARING ON CHILDREN IN FOSTER CARE

APRIL 22, 1987

ADDENDUM TO TESTIMONY PREVIOUSLY SUBMITTED

ON BEHALF OF THE

CHILD WELFARE LEAGUE OF AMERICA

BY

LINDA GREENAN
SENIOR POLICY ANALYST
CHILD WELFARE LEAGUE OF AMERICA

This will serve as an addendum to the Child Welfare League of America's written statement, previously forwarded to the House Select Committee on Children, Youth and Families, in connection with the hearing on children in foster care, originally scheduled for March 17, 1987. Since submitting our statement in March and in preparing for our appearance as a witness before the Committee on this matter, April 22, 1987, we have become aware of several new developments and believe it is, therefore, necessary to bring the Committee up-to-date with regard to the following:

(1) House Appropriations Committee action on the FY 1987 Supplemental Appropriations bill.

(2) Administration's proposed bill regarding Title IV-E Foster Care and Adoption Assistance.

(3) Current activity with regard to the "release" of the Title IV-E Independent Living funds.

FY 1987 Supplemental Appropriations Bill

On March 25, 1987, the House Appropriations Committee reported out to the House of Representatives, H.R. 1827, the Supplemental Appropriations Bill for FY 1987, which contains a recommendation of $165,227,000 for the Title IV-E Foster Care and Adoption Assistance programs. This figure is identical to that requested by the Administration and includes $127,184,000 for the foster care program and $38,043,000 for the adoption assistance program. As you know, the Administration had proposed funding the foster care supplemental by: reprogramming FY 1987 appropriated funds from Title IV-B Child Welfare Services ($22.5 million) and the Title IV-E Independent Program ($45 million); transferring $11 million from Aging Research[1] and transferring $5.54 million of unobligated funds from the Title XX Social Services Block Grant Program; and, enacting new budget authority of $43 million, which totals $127 million. As to the Adoption Assistance program, the Administration proposed transferring the entire supplemental request of $38 million from unobligated Title XX funds.

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[1] In our previously submitted statement, this was inadvertently noted as a reprogramming request.

In recommending the Administration's total supplemental request for FY 1987, the Appropriations Committee, in its Report (No. 100-28, page 56) indicated that, "The Committee action approves part of the requested transfer authority but does not approve the requested reprogramming nor the legislative savings." Therefore, the Administration's proposal to reprogram funds from Title IV-B Child Welfare Services and Title IV-E Independent Living has been rejected at this point in the process. However, the proposal to transfer the unobligated funds from Title XX was approved by the House Committee since these funds related to situations which occurred prior to Title XX becoming a block grant program (1980 and years prior) and, perhaps more importantly, because there were no claims pending against these funds.

The House is scheduled to vote on the FY 1987 Supplemental on April 23rd and the Senate is expected to mark-up its FY 1987 supplemental shortly thereafter. With regard to both, we anticipate adoption of the House Committee figure and also expect the assumptions for the funding thereof to remain unchanged.

Administration's Proposed Title IV-E Bill

On March 13, 1987, the Administration forwarded to House Speaker Jim Wright (D-TX) its draft bill affecting Title IV-E Foster Care and Adoption Assistance. This bill includes several provisions, including a proposal to limit federal matching payments for states' administration and training costs in both the foster care and adoption programs. As proposed, the federal payments for such costs could not exceed 50 percent of the federal match for adoption assistance subsidy payments and foster care maintenance payments.[2] Among the other provisions are proposals to repeal the Independent Living Program in FY 1987 and FY 1988. To date, this bill has not been introduced in either the House or Senate. Therefore, with the exception of two expiring provisions which must be acted upon this session,[3] it is unclear, at this time, whether any serious congressional consideration will be given to these or the various other proposals in the Administration's bill.

Current Activity With Regard to the "Release" of the Independent Living Funds

On April 8, 1987, a letter was sent to Senator Lloyd Bentsen (D-TX), Chairman of the Senate Finance Committee from Assistant Secretary for Human Development Services-Designate, Jean Elder, indicating that despite the Administration's FY 1988 budget (and legislative) proposal to repeal the Independent Living program in FY 1988 and the proposal to reprogram the FY 1987 funds, that it has "every intention of obligating all funds this fiscal year." The letter further stated that applications were

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2/ In support of its proposal to limit administrative and training costs in the Title IV-E programs, the Administration points up that, in the foster care program, administrative costs have increased in 16 states by over 1000 percent since FY 1981; that, for FY 1985, 22 states claimed foster care-related administrative expenditures equal to more than 50 percent of expenses for foster care maintenance payments; and, that 4 of these 22 states claimed greater expenditures for administration than for maintenance payments. It is interesting and important to note that FY 1981 marks the first year in which states began implementing P.L. 96-272. Moreover, given that allowable administrative costs, as a result of P.L. 96-272, include such activities as, (with respect to foster care) referral to services; preparation for and participation in judicial determinations; placement of the child; development of the case plan; case reviews; case management and supervision; and recruitment and licensing of foster homes and institutions and, (with respect to adoption assistance) recruitment of and placement of the child in the adoptive home; case reviews during preadoptive placement; case management and supervision prior to the final decree of adoption; and, home studies. CWLA, therefore, submits that the fact that so many states have experienced increased administrative costs in both of these programs is an indication that states are providing to children the very protections intended by Congress in enacting P.L. 96-272 and which are in complete accordance with the law.

3/ These provisions include: (1) ability of states to transfer Title IV-E funds into Title IV-B, and, (2) federal reimbursement for voluntary placements.

to be processed as "expeditiously as possible" with the goal of awarding "grants within 45 days after receipt of the complete application." Attached to the letter to Senator Bentsen was a copy of a letter being sent to each state "to ensure that there is no misunderstanding among the States about the Department's intention to move forward to implement this program."

As we understand it, this letter was prompted by Senator Daniel Patrick Moynihan(D-NY) who is a member of the Senate Finance Committee (in fact, the Chair of the Senate Finance Subcommittee on Social Security & Family Policy, having jurisdiction over Title IV-E), as well as one of the principal authors of the Title IV-E Independent Living Initiative. Senator Moynihan indicated to Finance Committee Chairman Bentsen, in response to Senator Bentsen's polling of the Committee regarding Dr. Elder's confirmation as Assistant Secretary for Human Development Services, that he (Senator Moynihan) was reluctant to indicate his approval pending assurances that the Independent Living funds would be released, and specifically when. As we further understand it, that afternoon, the letter to which we just referred was sent to Senator Bentsen from Dr. Elder. Therefore, it would appear that the release of the Independent Living funds came about under the threat of holding-up Dr. Elder's confirmation.

Be that as it may, the Child Welfare League of America is very pleased to see that this program is finally moving toward implementation and, in discussions we have had with HDS staff, it appears that the Administration really does intend to move forward and make every effort to review plans and release funds within 45 days of receipt of a state's application.

It is our hope then that the release of these funds is a reflection of a new commitment to children and youth on the part of the newly appointed leadership within

HHS and that what this portends is the beginning of a new partnership with the states in the efficient administration of the foster care and adoption assistance programs. As a demonstration of such a commitment, CWLA would like to see the Administration move quickly in providing back claims owed to the states in connection with both of these programs. In the case of New York, approximately $176 million in claims dating back to 1980 are currently owed to it, none of which, to anyone's knowledge are in dispute. A similar situation exists in the state of California which is due approximately $50 million in back claims.

In both of these states as well as other states owed federal reimbursement on claims previously submitted, the withholding of such funds hampers their ability to provide needed services to children and families throughout the child welfare system. Therefore, it is our hope that the Administration will begin to address this issue and others which have delayed or precluded the efficient operation of both the foster care and adoption assistance programs.

Thank you for the opportunity to up-date you on this matter.

Chairman Miller. Mr. Cahill.

STATEMENT OF BRIAN CAHILL, EXECUTIVE DIRECTOR, HATHAWAY CHILDREN'S SERVICES; AND CHAIRMAN, PUBLIC POLICY COMMITTEE, CALIFORNIA ASSOCIATION OF SERVICES FOR CHILDREN, LOS ANGELES, CA

Mr. Cahill. Thank you, Mr. Chairman and members, I am Brian Cahill. I'm representing the California Association of Services for Children, and I'm also the director of Hathaway Children's Services, which is the largest voluntary child welfare agency in Los Angeles County.

The voluntary child serving agencies of California would like to thank Mr. Miller for fighting as hard today as he did ten years ago. The scary part is you're probably going to have to keep fighting for the next ten years.

The Hathaway provides residential treatment services, day treatment, special education services, out-patient family counseling and in-home services for high risk families so we can try to work with them before they fall apart and need all our other services. And that's really the theme I would like to develop this morning and make two quick points.

The first is you cannot deal with the issues of substitute care no matter how important and crucial they are without looking at the context of a comprehensive system of protection and services. We are talking about a huge problem. I don't share Commissioner Livingston's optimism about trends. I see nothing but lousy trends in California. And they all relate back to one issue; the lack of early intervention, up-front services. It's the up-front part of the system that is not yet implemented in spite of all our best efforts. That's the part of P.L. 96-272 that hasn't quite gotten into place.

If you look at an issue such as emergency shelter, a problem in San Francisco, Los Angeles, almost every urban area in California, you can deal with a lot of problems. The real problem is when a child comes into an emergency shelter and there are no services so they can go back to his of her family. And there are very few treatment services so he could go somewhere other than just hang around in McLaren Hall in Los Angeles or Children's Home Society in San Francisco. That is a major, major problem.

And if I leave you with any thought, it's that we will not implement P.L. 96-272 until we provide dollars for those services. And I want to stress the word services. I think we inadvertently misuse the word. When we talk about child welfare services it's in the IV-B statutory language, it's in our IV-B plans. We use the word poorly. Last year our governor and the legislature, cut a deal with the counties for $45 million for child welfare services. That sounds fantastic, except it all went to reducing the case load for the case management function. Not a penny of it went to direct services such as family-based services, day treatment as an alternative to residential. It all went to a necessary thing. We needed to reduce our case loads, because we got killed with Proposition 13, we got killed when the Title XX cuts came down in the early eighties. So all we're doing is catching up and getting close to decent case loads.

We're not doing a thing about direct intervention services to either keep families together or to get kids back to those families as soon as possible.

I think shambles is not too far off. Yes, there are some trends. The law is a good law. It's beginning to work, but this part is not working, the front-end.

The second point I would like to make and there have been a number of questions from committee members, is to who these children are. I'm not sure that they're any different. I think we know more now. And what I would like to leave you with is we are talking about vulnerable, multiple-problem children. The labels that we use in the law and in our regulations do not tell you who the kids are. They state dependent, delinquent, mentally ill, learning disabled. It doesn't tell you anything. You have to look at the needs of the kids.

And what we have is a group of very uncooperative kids. We keep telling abused and neglected kids not to have any learning problems, and they keep defying us. We keep telling them to just be abused and neglected and not have any emotional problems, and they keep coming back with serious problems.

You have multiple problem kids and we have single problem delivery systems. And until, with all due respect, you address that as part of the delivery system for children, we're not going to get to where we need to get to. This is not just foster care or even social service issues. It's a mental health issue, it's a special issue, and it's a juvenile justice issue.

I'm glad that Congressman Miller is concerned about IV-E protections. It's not my problem, but I wasn't bothered by California losing $450,000. I think it was a good message. I'm particularly bothered, and I hope you will look closely at California, by our administration and specifically the director of the State Department of Social Services, who would love to dump all the delinquent kids who are in the foster care system over to the youth authority system because she has to pay 95 percent of the non-Federal share to have those kids on foster care. It's a powerful fiscal incentive to say they're not abused and neglected, they're delinquent & therefore not eligible for foster care funding.

The reality is they're both. And they simply came through the justice door to come to our attention. They are abused and neglected kids. You're right, IV-E should cover them. I hope you look at that one closely.

I'm done. Thank you.

Chairman **Miller**. I hope so. I can't take anymore. Thank you very much.

[Prepared statement of Brian Cahill follows:]

Prepared Statement of Brian F. Cahill, Chairman, Public Policy Committee, California Association of Services for Children, Executive Director, Hathaway Children's Services, Los Angeles, CA

Mr. Chairman and Members, I am representing the California Association of Services for Children and Hathaway Children's Services, Los Angeles. The Association consists of 65 non-profit agencies serving over 10,000 children and their families. Services include adoption, foster family care, group homes, residential treatment, day treatment, in-home services, adolescent pregnancy services, emergency shelter and out-patient child and family counselling. The primary thrust of the Association is in three areas: 1) lobbying and advocacy; 2) information sharing and training; 3) standard setting and peer review.

Hathaway Children's Services is a non-profit multi-service agency serving Los Angeles County since 1919. Services include residential treatment for 150 children in three different programs. One of these programs provides 45 sub-acute beds for severely emotionally disturbed children as an alternative to psychiatric hospitalization. Other services include a state certified special education school, day treatment, in-home services for high risk families and out-patient family and child counselling serving 250 families per month. Referrals come from social services, probation and mental health and government funding comes from foster care, mental health and special education.

I would like to make two general points, then offer some specific recommendations and finally, point to some promising developments in California that warrant your attention.

The first general point I would make is that you cannot and should not consider the issue of children in substitute care outside of the context of a comprehensive system for protection and services for vulnerable children. Many of the problems concerning 24 hour care of children relate directly both to the lack of early intervention resources and the lack of treatment resources. This is especially true in the case of 24 hour emergency care;

while issues of needs assessment, funding and service models are extremely important, the most serious problem in emergency shelter care in California is that there is no place for many children to go after they come into the system. As a result, short term shelter becomes long term maintenance. Issues of substitute care must be examined in the context of a continuum of care and services which includes needs assessment, early intervention services, non residential treatment services, foster family home and group home care, residential treatment services and after care services.

The second general point I would make is that the needs, problems and characteristics of children in susbtitute care are not disclosed to us by the labels that are placed on them. Words such as "dependent", "delinquent", "mentally ill" and "educationally handicapped" only tell us what "system" door the children came through. The reality is that they are vulnerable, multiple problem children; they have been abused or neglected, have serious emotional problems, some have behavioral problems and many have learning disabilities. The major obstacle to serving these multiple problem children is that we only have single problem funding and service delivery systems (child welfare/foster care; mental health; juvenile justice; special education). For California historically there has been very little joint planning, inter agency case management or blended funding. I believe that the primary reason for resistance to a comprehensive approach is the concern on the part of professionals both in and out of government that such an approach will threaten existing categorical funding streams, will reduce the influence of the specific professional specialty and will threaten the single service "turf". Any public policy initiatives must take this reality into consideration.

In terms of specific recommendations, Congress needs to significantly increase the funding of in-home services and day treatment services under Title 4B. PL 96-272 is a good law and it has had a positive impact. However, until early intervention services and alternative services to foster care are available, the implementation of the law will always be problematic. For California there is no 4B funding for in-home services or day treatment. This committee should take a close look at state 4B plans to determine if Congressional intent is being carried out.

On the other hand, as PL 96-272 begins to take hold, the children who come into residential care are and will be manifesting increasingly serious emotional and behavioral problems. Congress needs to develop policy and funding to acknowledge the reality that residential treatment centers serving seriously emotionally disturbed children require mental health resources as well as foster care funding to serve these children effectively. The committee should examine the possibility of making Title 19 funds available to non hospital residential treatment centers as augmentation to 4E foster care funds for the purpose of providing mental health treatment services as an alternative to psychiatric hospitalization.

There are two promising developments in California that the committee should closely monitor. The Ventura County Children's Demonstration Project is a successful effort at inter agency planning and case management for high risk children. Services are provided to children and youth with serious emotional problems and who are at risk of separation from their families. Case management is conducted jointly by county mental health, social services, probation and education. Effectiveness is measured by the number of children who remain in or return to home, lower recidivism rates and reduction in state hospitalization. This is the first serious effort at inter agency case management for vulnerable multiple problem children.

The Los Angeles Roundtable for Children, composed of administrators from public and private professional agencies and volunteers from civic organizations concerned with children, was established in 1983 to identify and respond to children's policy and service issues, to gather information about children's needs and to maintain an effective coalition that would impact public policy affecting children in Los Angeles County. The Roundtable has produced the Los Angeles Children's Budget, an examination of all public dollars spent in Los Angeles on behalf of children in seven areas, income support, child care, health, mental health, child welfare, juvenile justice, recreation and culture. The Children' Budget concluded with recommendations concerning inter agency planning and coordination which have captured the attention of both the County Board of Supervisors and the Chief Administrative Officer of Los Angeles. I bring these projects to your attention not just because of their merits, but because I believe that no single component of publicly funded children's services can be effectively analyzed or enhanced without looking at the total system of children's services.

Chairman MILLER. Let me ask you. On this question of money owed to the states, which on its face is outrageous, is Ms. Greenan right here that we're not talking about money that's in dispute or that the vast majority of this money is not in dispute?

Mr. REAGEN. That's my understanding as well.

Chairman MILLER. With respect to Missouri is that the case?

Mr. REAGEN. Yes. We're waiting for the check and we've got more money still in the pipeline which we need and, as I indicated, there's no dispute about the $5 million.

Chairman MILLER. In Illinois that's——

Mr. JOHNSON. Yes. In Illinois it appears that we're not in dispute at all.

Chairman MILLER. So what you're finding, Ms. Greenan, when you're talking to other states, that this is money—services have been provided, this is money that is owed. The nature of those services are not, in fact, in dispute?

Ms. GREENAN. That's right.

Chairman MILLER. Well, we'll have to take that up with Appropriations here to see whether that's something that needs to be done, because clearly that creates a compounding problem, and I would assume some reluctance to continue to provide services if you're not going to be reimbursed for those.

Mr. Reagen and Mr. Johnson, you both raised a point that I raised earlier, that we may be coming at from a different point of view, and that is the question of where is the entry of one of these children into the system the requirement that there be a finding that adequate prevention services have been provided.

Now you've raised, Mr. Reagen, in the context of emergency services where sometimes you make that judgment, and you may not be able to make an actual finding in the judicial sense of the word, and therefore you're being challenged on it. And I think also, Mr. Johnson, you raised that issue.

My concern is that one of the major purposes of this law was to provide those kinds of preventive services. You know, when we looked at the caseload back in 1980, at that time, for roughly 80 percent of the children that entered the system, nobody had really contacted the family to see if there was something that could be done to stabilize that family. And I think when we got the child into the system and we went back to look to see whether the reunification services were being considered, in some 80 percent of the caseload nobody had gone back to that family to see now is there a way to put this family back together and get this child back into the home. And that's why those provisions were put in the law.

So it seems to me that it's an important juncture in the system in terms of making that—and would you expand a little bit on the problem that you have? I mean, are we just talking that you think the rigidity is too great or that there isn't an actual standard?

Mr. JOHNSON. There are a couple of things. One is that most state agencies when they get into a family situation it's a little too late to do things to prevent that child from being removed from the home. So in Illinois where you have maybe 70 percent of the children coming into the system are coming through abuse and neglect routes, prevention is something we try to do to keep the child home. But we're finding in many cases that prevention needs to start before the Department of Children and Family Services gets involved.

However, we have found, though, that we have been able to, after we've had children in care for a short period of time, to provide some services to the family to get that child back home and supervise that family. However, we can't do that again without bringing down those case loads and also having the appropriate services in the community to provide the preventive services to the family.

We are experiencing in Illinois some very serious fiscal problems. And when it comes to where the money goes, the money has to go to the mandated services, and the mandated services for us is making sure that we investigate within 24 hours any child abuse and neglect situation. The mandate is not there in Illinois for providing preventive services. The mandate is making sure that we are in there investigating, which means that's where our money will go.

I find that also, as I mentioned in my remarks, is that I think it's very difficult and the state should not be held accountable for supervising, and we cannot supervise the judicial system which, in fact, has the checklist to check off if preventive services have been initiated. And many times they'll say look, we're not going to be bothered with that paperwork. But yet we're penalized if we don't have that in there, which means that we are not funded. So we may lose a portion of our funds.

We're into a situation now with HHS over that very issue. We feel that we have done everything in the department to have provided services to the family to not remove the child. But if that checklist is not in that court record when they do their spot checks, then we're in deep trouble.

Mr. REAGEN. Mr. Chairman, if I could just elaborate a little. I would agree. I also think that we find ourselves with a number of different influences hitting us at the same time. I think generally speaking across the country we do a lousy job in up-front services and prevention. That's a fact.

The second point is I think it's a fact that the different jurisdictions we're trying desperately to cope in general for the reasons that—both the other members of the panel have raised.

I think it's also a fact that there has been a decrease nationally in foster care case loads. At the same time there's been an increase clearly in child abuse. My own judgment is we're seeing more—I believe that the law has helped a large number of youngsters and we're doing better with permanency planning, case management and so on.

We're also picking up a more difficult type of youngster who has more mental problems, and that begets us into a dilemma of recruiting foster care people and also trying to cope and work with the courts and so on.

So we're underfunded, we have made some progress. I don't think we do a good job in preventive services. I think we're trying to cope as best we can. And I think that there are a lot of inconsistencies in terms of rules and regulations which if cleared up would help us, and if we had adequate funding.

Mr. **Johnson**. Might I add just one thing I forgot to mention, and that is that I think if we analyzed our cases we're finding in our state that a great number of those kids coming into the system are coming from teenage parents. So if you don't have a teenage pregnancy program and prevention, you're going to get those children there in one or two years.

We found a great increase in that and also a difficulty in finding foster parents who want to take those young children, or take the teenage mother and the child. So we are at—so the prevention comes kind of skewed, I guess is what I'm saying, because immediate services are needed to remove that child from the home or to not provide—or provide the services so the teenage parent won't have anymore children.

Mr. **Reagen**. Not to belabor it, but in addition to that you've also got youngsters who are staying longer, obviously, and they're going to stay perhaps forever in foster care. And if you look at the data, and I know that you have, in addition to the teenage pregnancy dilemma which hits all races, there really is an extra burden, if you will, on minority youngsters in this country, to stay longer and have other difficulties in foster care situations, including the recruitment of appropriate settings and homes for them.

So it's a problem and I'm glad you're going to spend the next ten years of your life helping us try to resolve it.

Chairman **Miller**. With respect to services, though, I would assume that you're in agreement that where you can provide those services, where you see programs, whether they are demonstration programs or just areas where for one reason or another the jurisdictions have been able to provide that, that, in fact, they are helpful in reducing the case——

Mr. **Reagen**. In my judgment they make a tremendous difference. The dilemma that we have is one of resources and focus. The gentleman from California talked about a continuum of care. That's what we're reaching for, and it's obviously needed.

If we can prevent something, we can do a better job in the beginning. I would argue that we have not adequately focused on that, and I think Mr. Johnson's point and mine and the league's is that we're coping, barely coping, in many instances for the reasons we mention. Hence, we're not able to focus on those preventative measures; hence they're not able to even replicate those things that we know work well.

Chairman **Miller**. Go ahead, Mr. Johnson.

Mr. **Johnson**. One of the areas that I think we need to continue to focus on, we are experiencing about a 31 percent increase in child abuse over the last year. We did not anticipate that. We anticipated a 10 or 15 percent increase, which means that that not only puts the pressure on the front end, it's also going to put the pressure on the resource end.

We've been working with the private sector in Illinois trying to get them involved in the family preservation projects and getting services to the families and homes. And the question comes, though, is that you cannot take money from any part of the system to start that. It needs additional monies. And that gets to the IV-E kind of problem because that additional money was not to replace state money as much as to add to or to expand services, particularly in Illinois.

And we see this as an opportunity to develop more home-based services or community based services for families in the community.

Chairman Miller. I think, so that we don't end up preaching back and forth to the choir here, I think clearly what we saw in the beginning of this legislation was sort of an indeterminate sentence. What all of the studies said is that if you spend six months in foster care, you are likely to stay there until you turned 18 and just wandered out of the system. And what we saw was that the Federal Government was paying the bill.

So a decision was made that we would take some of that money hopefully and add to that money and allow that to be used in services, and in fact mandated into services, and that would weed kids out of the system. And, in fact, what you see where you had the big jump in IV-B funding, 1981, 1982, the number of children dropped dramatically. Now, a lot of that was influence, a lot of that was children never entering for the first time because there were efforts.

And what that was built on, unlike many laws, was going around the country, going to Grand Rapids and to Portland, Oregon and to Nashville, Tennessee and looking at where those preventive programs were working, and then working with state directors saying that this is what we would like to be able to replicate, because we saw programs where entry of children, especially young children, into foster care was being cut almost to a nonexistent level in the case of infants, and in some cases by 60, 70 percent in those efforts around the country.

Now what has happened is the services money has stagnated. So what we now see is a run up again in the IV-E money, which is an entitlement. That's zooming through the ceiling and we're back again into just the maintenance of children into the system, when, in fact, what we've learned over the last several years is that you put services up front, and you can weed the children out of the system by helping their family or providing permanency or adoption or what have you.

So my concern here this morning is that we're about to go over the edge where this thing starts to accelerate on us. Whatever the cause—and the testimony seems to suggest the dramatic increase in abuse and neglect, and the fact that there are fewer families who are financially eligible to take these children and do that—my concern is that we're about to go over the edge again where we're just into one large Federal maintenance program.

Now, in the budget that we just passed we provided additional money to the Ways and Means Committee to increase the IV-B money that should allow additional diversions of maintenance into services money.

But I'm getting the sense that if we don't do this fairly quickly, we're right back to where we were before, where we're back into kind of warehousing kids. You know, I used to say that a ticket on the subway in New York overnight qualified as shelter because that's how desperate we were for maintenance. And yet, all of the evidence is that where communities really cared about this population with services money, we were able to reduce dramatically the stay and the number of children entering that system.

But you're telling me that the services thing is about right up in terms of the impact of new money into the system. The Congressional Research Service report indicates an increase and now it's grown; but it's nothing like the number of children entering the system.

Brian.

Mr. CAHILL. Just to pick up on that, there's no doubt about the reporting requirements that kind of run full scale into the child welfare services mandates, and that's a problem. In our state that's a major problem. The number of referrals in 1981 and 1982 went from 48,000 referrals per quarter up to 75,000 referrals per quarter in 1986, 1987. A lot of that has to do with reporting everything.

The legislation in the beginning reconciled that. I don't see that—that's a major problem. I don't see it as the problem that needs to be really addressed here. It's a state problem to some degree.

I think that my sense of the problem would have to be addressed here and is the one I said earlier, how we define the word services, because I can't deny there's been a lot of new money. IV-B now looks a lot better than it did when we first started talking about this.

There's been in the state general fund dollars, but where they've gone, and it's a crucial function of what your staff does and my colleagues, but it is a case—function. It's not a direct service function. Even if they get their case loads down, they still really don't have the time or the luxury, and sometimes are training to do in-home family therapy to run day treatment programs.

At the risk of sounding—well, it is kind of in self-interest, that's what a private industry is supposed to be doing, and yet no new dollars.

Chairman MILLER. Mr. Coats.

Mr. COATS. I'm a lot newer at this process than the chairman, but correct me if I'm wrong here. What seems to me to be happening is that several years back we discovered some real problems within the system. We put the necessary resources into that and you basically have been able to handle the easier to handle cases. You've made the structural reform. Now you're down to the tough cases.

And so, not only are those coming into the system tougher to manage and deal with, but placement of those children is more difficult because of what they bring into it when they come and because of other factors that make it tougher on you to handle.

So you're dealing with a more difficult case load and I would assume that the improvements in the numbers are going to be much, much harder to come by and, in fact, we've seen—going the other direction.

That, then, leads you to the conclusion that well, we've handled the easier to handle cases. We need to continue strong systems to maintain what we have. But if we don't get in there on the preventive aspects up front, it's going to be a growing problem which may overwhelm us.

Now, what types of—we all agree that prevention is the best way to spend the money, but when you talk about prevention, what are you talking about? I mean, because if we're—go ahead.

Mr. CAHILL. A couple of points. I think the easy cases referred to simply didn't get to be tough cases. And the tough cases used to be easy cases and we fooled around with them long enough now that they're tough cases. In other words, we haven't responded to needs.

It isn't a question of just tough cases coming in now. It's a question of did we intervene early enough in terms of keeping a family together or at least getting that family back.

The other comment I would make, after a long time in this work, I'm a little nervous about the word prevention. I don't think I have the faintest idea of what it means anymore. But I know what early intervention means. I know that if we hear from teachers or doctors or anybody that a family is starting to be at risk, you can come in and intervene and do some services. It may not be primary prevention, but it's up-front early intervention.

If you look at Home Builders as a model, the program that started in Tacoma, Washington, they have enough data to sink a ship. We do not need to do anymore demonstration in the family-based services. We know what it does dollarwise and what it does humanwise.

Day treatment, not quite enough, but there still are some good models of working with kids who otherwise would be in 24 hour care and their families in a day treatment setting, which is a lot more cost effective and usually as effective if not more so.

So I think—I'm not trying to challenge you on the word prevention, but I think I've stated the real word is early intervention. There are existing models. I'm with Mr. Hastert. I think we've done demonstrations up the gazoo and don't need to do anymore. P.L. 96-272 was based on demonstrations all over the country.

Mr. COATS. So you're saying that when you're talking about prevention in terms of preventing the problem from appearing in the first place, it's a very nebulous, a very undefined area. But if you have a system in place for early detection and a system in place to treat that early problem, you can prevent a lot of problems down the line.

Mr. CAHILL. Yes, sir.

Mr. COATS. Do the rest of you agree with that?

ALL. Yes.

Mr. JOHNSON. Yes, I do. I also would add to it that you cannot forget the role of state departments of education and local educational agencies that have those children for a long time. And we're trying to address that in Illinois by putting a lot of emphasis and also some dollars in that area, particularly in early intervention.

I agree. You just cannot—you know, prevention, particularly for us in our state, is a very nebulous term. And we think early intervention is the better term to use, and also we feel that the models that we have in place should be funded adequately.

In fact, we're experimenting with the Home Builders project now from that point of view. But implementing that Home Builders project statewide is going to cost dollars, and that's where the problem comes again, where the states are strapped with the dollars to come back or get into the intervention area through some projects they know are successful.

Mr. **Coats**. You're talking about getting the up-front dollars. I mean, if you agree that there's a payoff, it's the up-front investment that you don't——

Mr. **Johnson**. That's right.

Chairman **Miller**. There are no loose dollars in the system for that investment.

Mr. **Johnson**. That is right. You have the dollars for maintenance, and you know you need the dollars for the other end and they're just not there.

Chairman **Miller**. Well, what kind of increase are we talking about?

Mr. **Johnson**. Well, in Illinois, for example, I have come out publicly and said that it would cost about $62 to $70 million.

Chairman **Miller**. As opposed to what you now have.

Mr. **Johnson**. As opposed to a budget of about $300 million I would need about another $60 or $70 million to implement that, a Home Builders and community-based services, which ties into the private sector.

Our department cannot provide those services. We manage our services through the private sector, but the private sector needs time to catch up, too, and time to train and get their different ways or different techniques in place in order to deal with that kind of population in the home rather than in the system.

Mr. **Reagen**. Mr. Coats, if I could just maybe rephrase what I said before. I think our general approach towards early identification and intervening is lousy.as opposed to prevention. If you want to talk about money, according to P.L. 96-272, the social service block grant should have been at $3.3 billion for fiscal year 1985 and it's at $2.7 billion for fiscal year 1987. P.L. 96-272 called for——

Mr. **Coats**. Well, is that percentage difference, is that the difference between a good program and a lousy program? Isn't there some way that through——

Mr. **Reagen**. I don't know about that. I would argue that it at least ought to be funded at the level that was originally designed to be. Part of that called for——

Mr. **Coats**. But see, we've all—I mean, every agency of government has had to deal with that and we all know the reasons why. We've had to try to do the job with a little bit less because there isn't enough to go around for everybody.

And are you telling me that—I don't know what percent 300 million out of—well, it's ten percent. Are you telling me that a ten percent less funds takes a program that would do the job down to a lousy program?

Mr. **Reagen**. I would say to you that a program that is designed to provide a continuum of care to not only maintain, but to do early identification and to do some of the intervention techniques that we know about, that it's not fully funded.

At the same time there are other dilemmas that we're all facing, Federal jurisdictions and local. What's going to happen is you're going to cope and struggle hard to maintain programs, you're not going to do a good job about intervening, and you're not going to do a good job at early detection, and the problems are going to get more difficult and we're going to pay for them more later on. And that's the situation we're in now.

I don't know whether it's 10 percent or 15 percent, whatever it is, sir. All I know is that——

Mr. **Coats**. I'm not disputing that. I guess the question I want to raise is would the additional ten percent make a significant difference? Is that what it takes or are there program reforms, are there different ways you have to go to administer the program?

I mean, so often we talk just about an additional infusion of money. We've seen it in every agency of government since 1960 and it hasn't necessarily solved the problem. So I just want to try to get at those elements of things, those things that need to be talked about and discussed in addition to the funding.

I'm not saying that you don't need the funding——

Mr. **Reagen**. Let me quickly respond. I think the funding is a dilemma for all the reasons you've just mentioned. I've tried to suggest that also consistency is important nationwide. If you're going to have rules and regulations, we need to have them be responsive, we need to have them be consistently applied, and we also need to work more together as partners with the Federal Government. And those are things not to be trivialized. So there's at least three components that I think are important, to me anyway.

Mr. **Johnson**. I, Mr. Coats, maybe could address your concerns this way, is that if those funds were targeted for certain programs, you would see a change. For example, additional monies that usually come into a state and if they are said to be used for the building—reunifying families or home builders kind of a project, you'll find states that will initiate that.

I think the question comes, though, is how much money the state will have to do an effective job when you have all those cases. I mean, it may be just a drop in the bucket, but it's still starts to turn the state toward looking at the reunified families.

We all react to additional dollars. And we also react to where the targets or where we think it should be implemented to bring about the changes, particularly in providing services to families.

Most of us are so busy in the front end, again I can't underestimate that. I'm trying to maintain what we have, and our head above water, particularly with the increase in child abuse and neglect reports you don't have the time to look at the other end where you know you need services for families and getting those children home.

So until we get to the prevention where we bring down the number of children coming to care and get some dollars over to that side, or we get an infusion of dollars that helps us to rebuild those families, you're going to find us still treading water.

Mr. **Coats**. Would you rather have us target where the money goes or would you rather have us give you the block and say you decide how it should be distributed?

Mr. **Johnson**. I think it should be in partnership. I think each state has particular needs peculiar needs that need to be addressed. And in my state, I'm going to say, I want the dollars to rebuild families and get in the Home Builders project. Another state may say we need dollars for teenage pregnancy.

You know, I think it depends on what the state needs are and I think that can be worked out. I think there's some consistency in problems between states, but I think it would be not fair to impose something on a state where the state doesn't need those dollars.

Mr. **Coats**. So you'd rather have it in a block grant form?

Mr. **Johnson**. I think block grant has much sense. I think it has an appeal to it as far as targeting for children's services.

Mr. **Reagen**. We would be more than willing to join together to work with you and others to discuss those issues. We'd like an opportunity to do that.

Mr. **Coats**. Thank you.

Chairman **Miller**. Mr. Hastert.

Mr. **Hastert**. Thank you, Mr. Chairman. Director Johnson, in light—State of Illinois and being their representative, you have the private sector, the city, the county, and in most cases the state level dollars for your department basically, and then you have the Federal dollars.

What are the percentages? Do you have a handle on what the private dollars are there?

Mr. **Johnson**. Well, there's—the private dollars are harder to get a handle on because they provide services sometimes for free to our clients. However, let me give you a break down of how the Federal and the state dollars work.

Mr. **Hastert**. Well, do you have any handle on it?

Mr. **Johnson**. Yes. I would say that the state would say that probably 20, 30 percent of the dollars provided to children are coming from the private sector. And there's about 40 percent or 45 percent coming from the Federal Government, and the rest is GRF or the general revenue from the state.

Mr. **Hastert**. Which is what percentage of it?

Mr. **Johnson**. 60 percent.

Mr. **Hastert**. 60 percent from the state?

Mr. **Johnson**. Approximately 60 percent.

Mr. **Hastert**. And 45 percent?

Mr. **Johnson**. From the Federal Government.

Mr. **Hastert**. And then that's outside the private sector.

Mr. **Johnson**. That's right.

Mr. **Hastert**. What I see, and this is my brief experience and we've worked together on these issues, is that it's a leverage situation. The Federal leverages the state, the state—and in some cases, California and other places leverage the private provider.

And, by and large, we're talking about people who are in the public sector, those people who are qualified for state dollars or Federal dollars, but the large percentage of those people who are getting services from the privates are people who are paying for their own services. So there's a large amount of those dollars out there, too.

Mr. **Johnson**. Yes, there are many agencies providing services to individuals who are not state wards and are not paid for from state dollars.

Mr. **Hastert**. And, in fact, some of those dollars are actually subsidizing the services to the state wards or——

Mr. **Johnson**. Correct. There are many agencies, private agencies, that take some of our wards and families at no cost because they know we have budgetary problems. And that's where they run into problems at this point, they are saying we cannot continue to increase any services to that population that you're sending this without additional dollars now. We just don't have the fund raising mechanism to keep up.

And, as I said, with a 31 percent increase you can see where that's coming from because we're also asking them to provide some services to those families in their own communities.

We have had a fairly new partnership with the private sector in picking up that slack.

Mr. HASTERT. Well, again, my experience, as I said—a private agency. You know, for every $20 you receive to take care of state awards, they're spending or charging $25 or $26 an hour to help cover that cost. It works in a lot of different ways. So it is a leverage thing in a sense.

Mr. JOHNSON. Yes.

Mr. HASTERT. Let me ask you, I see basically three levels. We have the problem, we move to try and solve the problem, and then finally the solution. Let's take the issue of talking about foster homes and then finding placement for those kids.

What do you see is the goal for the State of Illinois or Missouri or California? Is it intervention at the problem level to try and just store kids at agencies, foster homes, which is better than institutions? Or is to try and find—replace those—place those kids in a permanent situation?

Mr. JOHNSON. Well, there's nothing better than to provide the services that a child needs in his own home. We try that and of course when that wouldn't happen, then we see the second best would be usually the foster home if the child can adjust to the foster home.

The problem we're finding, though, is that there are not enough foster parents and particularly when you have a two parent family and they're both working, and you don't have the reservoir of families available now that you had before. So we're trying new techniques.

We're trying to find if we can attract those military families who we know are two parents and usually are at home and they're not moving around as they did before to be part of that resource bank that we need, and we're finding some success.

But we're finding it difficult also to attract the kind of foster parents that's different from the foster parent you needed five or ten years ago. The foster parent today needs to be a little bit more professional and willing to take the risk of dealing with a child who comes into all kind of problems, including drug-related, alcohol-related problems. And we have found some success with that, particularly when we have been able to train them adequately and pay them adequately, give them respite care, and all the things they need to adjust. But also realizing that they will burn out in two, three, four years. And that's where we run into our problems of trying to get that kind of person.

For example, we've had some success in getting families to take children with AIDS. We have found through getting the word out through the media that we've had some people come forth. However, it seems as though the number of children coming in are getting so great that we can't keep up with the number of foster parents needed.

So what's going to happen after that, they're going to end up in hospitals and they're going to end up in very expensive care. Our population of children in institutions is going down. So it appears two things. One is that it looks like Illinois is having some success in treating families in their own homes, and also getting a better professional or more professional foster parent to take some of these difficult children.

Mr. **Hastert**. And in your opinion that's the best way——

Mr. **Reagen**. Well, the obvious goal is to have a permanent, nurturing safe environment for a child to mature in. The answer to your question, sir, until the world is perfect or we could front end load and identify and intervene is that we're faced with doing all of the above, all of the things that you mention trying to do at the same time.

And I would agree with everything that's been said. The data over the years I've seen in my career is a decrease in numbers of youngsters in foster care. I also have seen how an increase swing back and I see the youngsters that we are trying to place in foster care that probably years ago didn't exist in the numbers and types that they are, or are institutionalized or we didn't pay attention to them.

Mr. **Hastert**. And you see your problems different certainly than——

Mr. **Reagen**. No, I think they are quite the same. Back to your original question, we were trying to do all of the above——

Mr. **Hastert**. The best dollars spent are the front end dollars?

Mr. **Reagen**. Oh, I try to front—they help us maintain what we currently have, which we're just keeping our head above water for doing—for all the reasons you mentioned, including cost shifting to the private sector, which is one way to help us to continue to cope. But we must put dollars up front or we're going to get ourselves in a spiraling down situation.

Mr. **Hastert**. How do your dollars split out in Missouri throughout——

Mr. **Reagen**. Approximately the same. They're pretty much the same in Iowa. And the burden on private sector providers who are great partners in this venture, the burden is becoming, in my judgment, greater because of their lack of ability to cost shift, because of the greater pressures they're experiencing to fulfill their original mandate, for example, and the whole situation is getting more difficult. We've done the easy stuff in many instances.

We're fighting hard to maintain ourselves, and with the sorts of difficult multisibling, AIDS, spinabifida, other sorts of youngsters coming forward; we're having a heck of a time.

Also, if you're going to be holistic, you've got to look at stuff like we have to; liability insurance. That's had a major impact on the provision of all services in this country, including foster care parents and particularly those with the more difficult ones. So that holistic view has got to be taken.

Mr. **Hastert**. What about in California?

Mr. **Cahill**. I'd say it's pretty comparable. I think we have some unique problems. Frankly, as I hear the two of you talk, I wish we had a little more leadership at that level in our state right now. I don't think we do and I think that's a factor that you can't necessarily address in any legislative way.

I would say, though, in terms of the specific services you do have to look at the purpose of each service. A part of our services are residential treatment. Residential treatment is not a family support system. It's too damn expensive to just maintain kids there for four or five years.

It ought to be a 15 to 18 month max service, and there are some kids in our view that are not going to get adopted, they're not going to make it in the foster home setting because it's too intense.

What we're starting to address, and it's almost come to full cycle, is some six bed, very normalizing kinds of group homes out in the community who are willing to raise those kids, but we can raise them at maybe $2,500 a month instead of $5,000 a month in a clinical intensive residential treatment center.

Mr. **Hastert**. Thank you. One last comment for Director Johnson. I don't think the people here from California and probably Missouri and probably military families—we don't have many of those.

Thank you, Mr. Chairman.

Chairman **Miller**. It's interesting, the housing crisis we're going through with military families would suggest that they're going to be the ones taking the foster care. They're both looking for housing.

Mr. **Reagen**. Maybe put them together with the foster grandparents and we've got it solved.

Chairman **Miller**. Mrs. Johnson?

Mrs. **Johnson**. You know, in my community right before I got involved in public office and child and family service agencies, I was, at the state level, very much involved in the crisis intervention and permanency planning, I'm well familiar with all the difficulties we've had with termination of parental rights in those states that made good sounding programs difficult to use to make changes in children lives.

I just couldn't agree more strongly with what I hear from the panel directly and giving answers to your questions that we've got to find a way to turn the system around and make it more—you know, use our resources for more early intervention and more holistic approaches.

Recently in Connecticut, and I don't remember the statistics exactly, it was one of these cursory moments that you skim through an article in the paper and you say oh my God. But it seems to me that our most recent evaluation of our mandated reporting effort which drains the majority of our dollars, of our bureaucratic dollars, came up with the fact that more than 50 percent of our reports are without foundation.

And the significant number of family lives that are damaged by unfounded complaints in the investigations that follow with no response from government vindicating the family that was investigated, I mean, I had one of those cases in my own district. So we have a system that isn't working very well and sometimes creates havoc.

It wasn't havoc at—and on this early intervention holistic issue, I'd like to urge you to look at two bills that are before the Congress now, and it may be that this committee could develop sort of a bipartisan small package that would be affordable, but would make a difference.

And two bills that are going to go through and are going to provide some resources to do this. One is the Chapter One Reauthorization, which is the first time it has a program called Even Start which will provide the resources to go out into families with children that you think are going to have educational problems to deal with, for instance, parent illiteracy, at the same time you're dealing with parent as first teacher and child readiness.

Now, if we can build into that at least a demonstration grant capability for you to use services that we have funded through some other particular initiative, and I liked your comment very much about the single problem delivery system for a multiproblem situation, and that's what I'm getting. I mean, just in the last recess I spent a lot of time with a number of my people stimulated by the drug abuse money that we've got out there now. They said, you know, we're tired of money for teen suicide. For drug abuse it's all the same children, it's all the same families. And we just have to get in there in a more flexible way and earlier and do a better job.

And in this Chapter One Reauthorization, with the Even Start money, if you could help us identify what is that component of services that we need to also make available to the school department to call upon, or what are some demonstration projects so we can determine what those services are, that might be a way to start. Because if we're going to reduce the cost of remedial education and the psychological problems that—the child who's been behind the first five years of their schooling, we've got to get in early.

And the second bill before us that definitely pertains to this is welfare reform. And as we provide daycare, which all the bills will, during job training or school and that kind of thing, but a perfect opportunity also to address development of parenting skills, but also services that can—while the problems are still possibly managable it will make a difference in how that family develops, particularly with teen families.

Mr. **Reagen**. Representative Johnson, just a couple of quick comments. I think that the National Council of State Human Service Administrators would applaud the notion of trying to take more intelligent holistic, nonsilver bullet approaches and we try to focus on things together.

Your commissioner, Steve Heinz, and several others that are good friends have taken the spokesman position for many of us, particularly those who are not three month wonders and have been around for a while, to try to fashion and craft a more intelligent front end approach.

Clearly education, the business of learnfare and workfare, and all those sorts of things together. We're at a wonderful opportunity maybe in this country to try to make some progress. I often sometimes think that we're on the precipice of opportunity. If we could focus together, we maybe could make a little bit of a difference.

But I'm also worried if we close our eyes that we could slip back pretty quickly in some areas as well. So we would—I know my colleague, Mr. Johnson, is in that same veteran group as I am and as a dozen of us or so in the country, we would be more than willing, and, in fact, we want to and I believe our governors have encouraged us to work with you.

Mrs. Johnson. Can you give us some sense of is there money out there that if it were more flexible or at least could we give you—in other words, is there a kind of application that you would like to be able to propose to us that would allow you to use certain parts of money that are already there differently so that you could try some things? Because there'll be some new money in the welfare reform, but, I mean, when have we ever given you money to do what we asked you to do?

Mr. Reagen. In a linear fashion, if I may, meaning episodic—one categorization as you described the drug youngsters, there'll never be enough money. But yes, yes, yes. There are things that we believe that we could do to leverage dollars, to maximize dollars, to focus them more on our local level in the use and flexibility. It's going to take some interesting and fascinating inter-departmental cooperation at the Federal level which, frankly, also sometimes Congress has exacerbated by the degree to which a committee structure in a linear fashion passes some legislation, forces dilemmas on; franky, executive branches and our good friends who were here before.

But by working all together at this juncture I think we could make some progress. The APWA, the National Council and our nation's governors have put several proposals, or at least seven or eight in your body right now, and I think there are common elements. They're all saying the same thing.

The neat thing to do, frankly, would be to sit down together, show them, and try to look at those common elements and focus on them. I think we could get a better return for some of the dollars we currently have. We could do that.

Mr. Johnson. I'd like to add one sector also we cannot forget and that's the private philanthropy sector, particularly corporations. We've been fortunate in Illinois to have the Harris Foundation that has put money into the Beethoven Project which starts, what you're talking about, carving out a two or three square block area and concentrating an area where we've had high infant mortality and set the prenatal care and all those kind of things necessary and the states trying to kick in.

But I think more of that is going to be needed for us to be able to use those dollars. For example, we found just a small program that has been very effective, and has been able to draw some slush money that the private corporations put together for us.

If a family needs to move into public housing and has not paid its rent or has not paid its electric bill and cannot move in because of credit problems, or needs a refrigerator or a bed or something, and can't get it from anywhere, we have a slush fund that we can tap to get that material or whatever they need immediately and get them in public housing, et cetera.

Well, that has given us the opportunity to cut through the red tape and providing a home for that family. Those are the kind of things we're talking about, the barriers. And very simply, that's what we, as a family service agency, runs into. We cannot, of course, find employment for people and sometimes also the kind of materials that they need to live in their home. However, this has allowed us to do that kind of thing with private monies.

Mr. Reagen. And you just want to make sure that we don't exacerbate the dilemmas of private funders by also one hand not paying attention to what the other one does, pass legislation that makes charitable contributions more difficult. That's—holistically you've got to look at tax—and not to beat it to death, but I think that there are opportunities for reasonable men and women to come together, to sit down, and to design some things that could make some fune tuning, focus that TV set better and make a difference.

But it would take cross committee lines and others. There's a lot of little things. You can't make it worse on the one hand and try to open the door with the other.

Mr. Cahill. I just want to give one cautionary note. I don't mean to keep sounding negative, but at least in California where county administered human services, state, mental health, education, social services, and the efforts at interagency cooperation, policy and case management usually are doomed when the funding comes out of an existing pot.

If it comes out of the mental health directors, then the state—mental health directors go crazy and they try to kill it. You guys just sound more enlightened, I guess, but it either comes out of the California welfare director's pot, and they try to kill it.

I think you have to, to the degree that a new interagency policy initiatives provide some fiscal incentives, at least to the point where you could begin to see savings of foster care, savings of state hospitals where, in our case, county administrators could begin to see that.

In my material I've referenced a project in Ventura County. I want to end on an upbeat note here. That looks very good in terms of mental health, social services, justice, special aid coming together. And we're trying to approach it in a more comprehensive way.

Mrs. Johnson. I just would add that in Bridgeport, Connecticut they have a business, human service, private sector cooperative effort that's too young to testify about, but is the kind of thing that you're all interested in and that we're interested in where we're trying to completely reverse the orientation of the service sector so that it will be early intervention, and so on and so forth.

Also there's a kind of interesting program in Connecticut that just started that reminds me of what you're seeing in Illinois, but at a little different level, where the state has begun an adopt a social worker program, trying to get churches to adopt a social worker and to back that social worker up with the small items that, frankly, public monies will never be able to buy, but which kids desperately need if they're going to be the same as the other kids in the public schools, but they're in foster care.

I think while we're not prepared for a lot of the bureaucratic committee—at our level and at the state level and the interrelationships, to address the whole problem now.

If we could at least determine what kinds of flexibility you need and what kinds of—how we need to write a demonstration project into the welfare initiative and into the Chapter One initiative so that we experiment with a more holistic and preventive approach to families. I don't see why this isn't a good time to do that.

Mr. **Reagen**. I think it's an excellent time to do that——

Chairman **Miller**. Well, not to be argumentative, but let me just suggest that the answers are right in front of our face in terms of whether it's Home Builders or family preservation that we're going to hear from in the next panel, and what we saw was when there were actual new monies made available to the system, they responded by adopting those kinds of programs and kids were kept out of the system and families were preserved.

I just want to get a little reality check here. If my understanding is correct, from what I've heard from almost every state, the IV-E, IV-B foster care system is absolutely stressed in its ability to move in any direction other than simply staying on top of it on a day-to-day basis.

So at this point it's not flexibility, because you need every dollar just to do what you're doing in terms of maintenance of existing caseload. The question is will the Congress have the courage to run ahead of you and to start to try to stem that load so that five years from now there will be a diminished number of children, and you can then start rolling maintenance money into that service from the supposed savings that we've seen and we would expect you would get out of that.

But the notion that you're going to rejuggle the books here, at least in California you know, we've got a three alarm fire going in San Francisco. We've got kids being killed in this system. We're unable to check the foster families. We've got placement of children in L.A. that nobody knows where they are, and we've got the caseload in MacLaren Hall and elsewhere just dramatically escalating.

So I think you're right. The question is which side of the slope we're going to go down. And just if you add up the minimal efforts that we're talking about in this year's budget cycle, the Congress is going to have to confront the notion of spending 300 or 400 million new dollars. That's not going to get you anywhere toward where you thought you were going to be under this law eight years ago. That's not going to get you to the 1984 level or the 1983 level or the 1982 level. That's going to get you back to where you were almost ten years ago.

The question is, from what we've learned from all of these communities, whether it's Bridgeport or Nashville, what have you, do we want to provide new dollars so that they can go ahead and invest in those programs and start working with children so that easy cases don't become tough cases. Because the evidence is very clear from the National Council of Juvenile Court Judges, from APWA, from the governors' association, that where those efforts were made, the caseloads dropped dramatically. And I don't really care whether adolescents were a little more difficult, but younger children were a little easier.

The fact of the matter is that there was a substantial change in the look of this caseload for a very short period of time here, but it was related to new dollars. There were actual new dollars put in. We went from $66 million to $160 million in one year. And the fact was the states were able to start to look at some of these programs and to embrace them.

So I'm just saying, I think there's no question that everybody could go home to their constituents and beat their chest about the success, because it's not a question of demonstrating it, it's been demonstrated in Nashville what you can do with infants, it's been demonstrated in Nashville—I mean, this was an HEW program. What did they do? They just organized the neighbors so that if your family was falling apart, a neighbor would come over, stay with the family, get the child off to school instead of sending the child to juvenile hall, where now they're in a strange institution, maybe going to a strange school, not knowing where mom or dad are. That was all they were doing and the caseload plummeted. That was just getting neighbors. But there's no money to get somebody to administer that and to organize it.

What we're hearing here is the opposite of what we heard in 1981: you need Federal dollars to leverage private dollars. We were told in 1981 that Federal dollars were driving private dollars out of the system. I don't know.

Mr. **Reagen**. That was a realistic and visionary reframing of the questions before you——

Chairman **Miller**. It's kind of exciting, I think, for members of this committee, because we've been so heavily involved in prevention or early intervention, that here the models in fact exist. They've been created by local communities, states and the private sector.

The question is now can we expand those efforts. They're out there.

Mr. **Reagen**. And still cope, that's right.

Chairman **Miller**. And still cope. Well, you guys can't do it, so we'll go on to the next panel. [Laughter.]

Thank you very much for your testimony and your time and your help with this effort. Next we'll hear from Toni Oliver, who is the director of the Family Preservation Project of the National Center of Neighborhood Enterprise; Pamela Elsner, who is the executive director of Illinois Action for Children; and Ernesto Loperena, executive director of the New York Council on Adoptable Children and president of the North American Council on Adoptable Children.

Welcome to the committee. And now that we've dumped this all on the private sector's lap, we expect great things out of this panel.

Miss Oliver, we're going to start with you. Again, let me just say, to the extent to which you want to summarize your testimony, feel free to do so. Your written statement will be placed in the record in its entirety and you've sat through all this testimony, so you should feel free to quickly comment on something that you think is way off base or is on base.

Ms. **Oliver**. I'm going to include some of my observations of the earlier panels and pull pieces of the written testimony out as my formal presentation today.

Chairman **Miller**. Fine.

STATEMENT OF TONI OLIVER, DIRECTOR, FAMILY PRESERVATION PROJECT, NATIONAL CENTER FOR NEIGHBORHOOD ENTERPRISE, WASHINGTON, DC

Ms. OLIVER. My name is Toni Oliver and I'm the director of the Family Preservation Project for the National Center for Neighborhood Enterprise in Washington, DC. I've had about seven years experience in addition to this in working with the National Adoption Center in Philadelphia, and have, during that period of time, accumulated quite a bit of experience in some of the barriers and problems in the foster care system.

I'm going to start by saying that I share the concern that has been presented here, that the foster care system is in a shambles and it's failing children daily. My feeling is that children are being abused by a system that was designed to protect them.

Those who point to the decreases in the foster care population are generally comparing the documented high of 500,000 children in 1977 with our most recent statistics that suggest that there are 275,000 children currently in foster care.

I would like to point out that the most dramatic decrease occurred between 1977 and 1980, which was prior to the passage of P.L. 96-272. It was in 1980 that the Office of Civil Rights conducted a survey on children in out-of-home placements and indicated that the population in foster care had dropped to 302,000. This was a decrease of approximately 200,000 children over a three year period.

Now, six years after the passage of P.L. 96-272, the foster care population has decreased only by 25,000 and by every indication it's on the rise again. And these figures in no way show the effects of the foster care system on minority children because, in reality, while the gross numbers of children in foster care decline, the percentages of minority children are steadily increasing.

In 1977 the minority children represented approximately 36 percent of the total foster care population. Currently they represent nearly 50 percent of that same population. And if we isolate urban areas, what we see today is that 80 to 90 percent of the children in foster care are black and Hispanic. So that when you look at accomplishments on the one end, it often clouds what the real issue is for minority children in the foster care system.

P.L. 96-272 stressed the provision of preventive services be the first intervention with families in crisis. By definition, preventive services are short-term, intensive services usually three to six months in duration, they require families to have a 24 hour on-call social worker or an interdisciplinary team assigned to them who have responsibility for providing a variety of social services tailored to meet the families' specific needs.

Research has shown through these demonstration projects that we've talked a lot about today that 80 to 90 percent of children at risk of being placed in foster care remain at home when these types of services, intensive preventive services, are available to their families.

With results as dramatic as these, one would think there would be a deliberate movement throughout the country to significantly expand the availability and delivery of preventive services if there, in fact, exists a serious commitment to reducing foster care entry rates nationally. The discussion by the previous panel that really interested me is how regulators think that there is a population of children who benefit from preventive services and there's a different population of children who can benefit only from maintenance in foster care. But the majority of preventive service demonstration projects have focused on the population of children who would likely go into foster care and all have seen a dramatic decrease in those numbers. However, agencies throughout the country have been unable to provide these services to the extent that the need exists.

The reason is generally two-fold; there is a pervasive lack of understanding about how these services should be delivered given the existing configuration of child welfare services and, two, there's a perception that delivery of these services require additional staff for which there are few or no funds.

Rather than building upon demonstrated outcomes, this thinking keeps children coming into the system inappropriately, most of whom are from poor families experiencing economic crises, who could benefit greater from prevention and support services rather than foster care.

The Act's requirement to develop service plans has had a positive effect in that it has documented that for the majority of the children in foster care prior to the passage of P.L. 96-272, foster care was not a means to an end, but the end itself.

Although there is now a greater awareness of the need children have for permanence, the development of service plans has not made a significant dent in the duration of foster care, especially for black children.

The next safeguard in the act was to mandate systematic case reviews. However, these have had a questionable impact. Many court reviews have been perfunctory and serve as a rubber stamp for maintaining children in care.

Administrative reviews often are not enforced or are absent of aggressive, consistent and creative efforts to insure permanent outcomes for children. Citizen reviews have seemingly demonstrated the best tract records for children. This is probably due to them being composed of people who are not responsible for case management and who are outside the purview of the agency providing direct services.

Because of this, the courts generally view them as objective entities, value their thoroughness and take their recommendations under serious advisement. Citizen review boards, however, are the least used type of review system.

Studies are indicating that even when adoption or reunification has been identified as a goal for a child, it takes years to implement. And the time in a life of a child is much different than time in the life of an adult.

In Maryland, for instance, there was a 1986 state task force that looked at the fact that once the goal of adoption was assigned to a child, it takes five years before the child is adopted. And when Baltimore County was isolated, the length of time was seven years.

I recently heard that in Chicago the backlog in juvenile court causes children to remain in care approximately three and a half to four years after the goal of reunification or adoption has been assigned to a case. So the case plan at least focused attention on the needs for permanence, but it didn't necessarily decrease the length of time a child spends in foster care.

Information systems are mandated by the act to collect information on placement history and demographic information of all children in care. However, this data is not uniform from state to state, definitions of services vary and the timeliness, availability and formats of this information often makes its use cumbersome and difficult.

Consequently, six years after the act's passage we have no accurate national count of how many children are in foster care on any given day, how long they have been in care, how many have been adopted in a given year and by whom.

Hopefully these weaknesses will be addressed through the provision amending Title IV-E requiring the establishment of an advisory committee on adoption and foster care, through which regulations implementing foster care and adoption data collection are to be in place by the end of 1988.

However, it is my understanding that currently this committee has not yet been developed.

While implementation of P.L. 96-272 has met with several roadblocks on a policy level, the atual delivery of child welfare services had its own set of complications.

There is a lack of coordination between each component of the child welfare service system. Protective services, foster care, reunification and adoption planning can last indefinitely. This is largely due to the fact that there exist no time frames that dictate at what point permanent outcomes should be effected, and there is no clarity regarding how, when and why a case is moved from one component to another.

Most families at risk of having children placed require a myriad of supportive services. These include housing, medical, vocational, educational, et cetera, that are not directly provided through the child welfare system.

Since children are part of these families, the remedial response is to protect the child usually through removal, thereby focusing on the needs of the child rather than focusing on the needs of the family as a unit. A practice such as this suggests that families are somehow strengthened when they are torn apart.

Even at the Federal level funding is in place to support separate components of family life. There are nine federally funded national resource centers among which are centers for child abuse, youth services, foster and residential care, special needs adoption, family based and child welfare services. There is currently no medium for coordinating activity of these centers.

We have talked today about the difficulty of finding enough foster and adoptive homes for the more difficult to place children. However, the majority of agencies do little or no recruiting for foster families. Those who do launch recruitment efforts are generally inundated with inquiries, but are unable to respond to them effectively.

Granted, there are children in the system who have multiple disabilities and severe emotional problems. But in my experience, it doesn't really matter whether the case is difficult or easy. The foster care system is generally unable to provide expedient and relevant solutions.

For instance, a young mother in Delaware voluntarily placed her two children in foster care while she underwent gall bladder surgery. When she found out her discharge date she called her social worker to find out when she could pick her children up and she was told that she couldn't because she lived in crowded conditions.

At that time she was living with her father and brother. It took two years and a lawsuit for her to regain custody of her children.

A woman in Pennsylvania received a call from a case worker in New York who told her her deceased brother's five children have been placed in foster care and were being relinquished by their biological mother, the agency wanted to know if any relative might be interested in taking the responsibility for them.

She responded that she could be in New York within three to four hours, and was told that that was not the procedure. She was not told where they were and it took two years for her to get physical custody of them. After a period of one year she discovered the agency thought one of the children was residing in a foster home in New York. During that time foster care payments were continually made to the previous foster family.

And at this time, six years later, she has been successful in adopting only two of the children because the agency tells her they must conduct a separate "search for absent parents" for each child.

In California there is a grandmother who has had physical custody of her five and seven year old grandchildren since birth, and has been given an ultimatum to adopt or parental rights will be terminated so that an adoptive family can be found, because adoption is the goal for children who aren't being reunited with their biological parents.

Only 20 of the 150 black families recruited in the last year through an Indiana adoption program were processed. Of that 20 only seven have received placements equaling 8 children. Indiana applied for this federally funded project because 197 black children were identified throughout the state as being legally free for adoption.

In New Jersey it costs $7 a day to board a dog and about $5 to $6 a day to board a child in foster care. Nationally only about a third of the foster care budget goes directly to the recipient. It costs an average of $10,000 annually to keep a child in foster care, and this is a child that doesn't have special needs. For a child with special needs the cost can easily loom to $40,000 annually.

I was once told by a biological parent who was experiencing some difficulty in trying to get children out of the foster care system that if someone gave her that money she could take care of her own kids.

I could go on and on with horror stories, but overall there are regulations on the one hand and there are practices on the other. Regulations say children move through the system in a logical manner. Practice says children are trapped.

Regulations say we need many more foster and adoptive parents. Practice says screen out singles, low or fixed income people, people over a certain age, women who work and on and on. Simply put, regulations and practices are not mirrored images.

It is imperative that a national family policy be established that mandates all families at risk of having children placed into foster care receive intensive preventive services except, of course, in emergency, life threatening or imminent danger situations.

This could easily be done through financial disincentives to states who do not develop and implement plans to redirect a significant percentage of their foster care funds into preventive and reunification services within one year. Such a policy should also require that interdisciplinary services aimed at meeting the needs of individual family members be coordinated into a comprehensive family plan for the family as a whole.

These plans should identify and hold accountable specific agencies and individuals for delivering concrete services that lead to permanent solutions for children. These solutions should be affected within one year of initial agency intervention.

Agency activities must be monitored at the Federal level through a mandated and uniform reporting system that is systemically reviewed to determine compliance, significant trends in practice, and the impact of services on children and their families.

The social service industry has treated families in crisis as throwaways. In turn, many of these families have learned to feel and behave as such. Until these practices are reversed, the five billion dollars spent annually in child welfare services may as well be torched because it is actually destroying many of the people it purports to save.

Thank you.

Chairman MILLER. Thank you. Ms. Elsner.

[Prepared statement of Toni Oliver follows:]

Prepared Statement of Toni Oliver, Consultant and Adoption Specialist, National Center for Neighborhood Enterprise, Washington, DC

Towards a National Family Welfare Policy

I am Toni Oliver. The views I express here today are my own and do not necessarily reflect those of the National Center for Neighborhood Enterprise.

The passage of the Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272 was heralded by adoption advocates as being the remedy to to Child Welfare System's inability to secure permanent placements for children in foster care. Prior to the Act's passage, federal and state financial incentives encouraged agencies to keep children in foster care rather than to provide services that avoid foster care placements, reunify families and expand adoption opportunities for children who could not return to their biological families.

As remedial legislation, the Act sought to require that 1) agencies provide preventive services to families in order to avoid unnecessary placements; 2) all children in foster care have service plans developed that specify steps to reunify children with biological families and for adoption when reunification is impossible; 3) that periodic court and administrative reviews of all cases be conducted at specified intervals to insure removal from parents is not unnecessary and to monitor the progress of each case toward reunification or adoption; 4) that information systems be developed in each state to accurately count and track children in foster care; and 5) that there be federal financial assistance to support cash payments, medical, psychological and special education costs for children with special needs who are adopted. Special needs children include minority children, children with disabilities, school age children and children in sibling groups.

The Act tied federal reimbursements to agencies in compliance with these improvements. The intent of this legislation was outstanding and timely. It's implementation, however, has not mirrored its intent, particularly for black children.

While available statistics estimate the foster care population declined from a high of 502,000 in 1977 to a low of 274,000 in 1982, the percentage of minorities increased during this period from 36% to nearly 50%. Of that 50%, 80% represent black children. Even more dramatic are figures on length of time in care. In 1982, 80% of white children remained in care 3 years or less. More than 1/4 (27.7%) remained 1-6 months. Whereas, for black children, nearly 55% remained 2 years or longer of which nearly 1/4 (24.6%) remained longer than 60 months. A further look at the statistics reveal that black children are 33% of the children who have had parental rights terminated in order to be legally free for adoption yet they comprise 69% of the children free for adoption who were without handicaps and not in adoptive placements. When black children with handicaps were isolated as a group, 83% were waiting adoptive placements.

The answers to why it has been so difficult for black children to obtain permanent families are complex and enmeshed in a tangled web of policy, practice and attitudinal implications.

POLICY ENTANGLEMENTS

P.L. 96.272 stressed the provision of preventive services be the first intervention with families in crisis. By definition, preventive services are short-term, intensive services usually 3 to 6 months in duration, that require families to have a 24 hour on-call social worker or an interdisciplinary team assigned to them who have responsibility for providing a variety of social services tailored to the families specific needs. Research has shown that 80 - 90% of children as risk of being placed in foster care remain at home when these types of intensive, preventive services are available to their families.

With results as dramatic as these there would seem to be a deliberate movement throughout the country to significantly expand the availability and delivery of preventive services if there exists, in fact, a serious commitment to reducing foster care entry rates nationally. However, agencies throughout the country have been unable to provide these services to the extent that the need exists. The reason for this is two-fold: 1) there is a pervasive lack of understanding about how these services should be delivered given the existing configuration of child welfare services, and 2) there is a perception that delivery of these services require additional staff for which there are few or no funds.

The Act's requirement to develop service plans has had a positive effect. It has documented that for the majority of the children placed in foster care prior to the passage of 96.272, foster care had not been a means to an end, but the end itself. Although there is now greater awareness of the need children have for permanence, the development of service plans has not made a significant dent in the duration of foster care, especially for black children.

The next safeguard in the Act was to mandate systematic case reviews, however these have had a questionable impact. Many court reviews have been perfunctory and serve as a rubber stamp for maintaining children in care. Administrative reviews often are not enforced or are absent of aggressive, consistent and creative efforts to insure permanent outcomes for children. Citizen reviews have seemingly demonstrated the bust tract records for children. This is probably due to them being composed of people who are not responsible for case management and who are outside the purview of the agency providing direct service. Because of this the courts review them as objective entities, value their thoroughness and take their recommendations under serious advisement. Citizen review boards, however, are the least used type of review system.

Information systems are mandated by the Act to collect information on placement history and demographic information of all children in care. This data is not uniform from state to state, definitions of services vary and the timeliness, availability and formats of this information often makes it's use cumbersome and difficult. Consequently, six years after the Act's passage, we have no conclusive national count of how many children are in foster care on any given day, how long they have been in care, how many have been adopted in a given year and by whom. Hopefully, these weaknesses will be addressed through the new provision amending Title IV-E requiring the establishment of an Advisory Committee on Adoption and Foster Care through which regulations implementing a foster care/adoption data collection are to be in place by the end of 1988.

The final provision of the Act, federal adoption assistance is available only to children who are IV-E eligible. These are children who are covered by SSI, who meet certain requirements of AFDC, are eligible for federal matching foster care and have special needs. Children meeting these qualifications represent approximately 1/3 of the children in care. Even for this selected group, adoption assistance has been underutilized.

Children who do not meet this criteria and have special needs are generally eligible for state supported adoption assistance. This too is underutilized and often is not as substantial as federal adoption assistance.

PRACTICE BARRIERS TO PERMANENCY FOR CHILDREN

While the implementation of 96-272 has met with several roadblocks on a policy level, the actual delivery of child welfare services had its own set of complications.

Child welfare services are generally offered in four discreet components: protective services, foster care, reunification services and adoption. Protective services are provided in response to allegations of abuse or neglect and are usually provided in the home by a social worker who visits periodically. Its intent is to avoid foster care placement. Foster care involves the removal of a child usually from biological parents into temporary foster home placements while permanent solutions are developed. Reunification services are activities directed toward rehabilitating the biological family and returning the child to the parent(s). Adoption involves legal termination of parental rights and placement of the children with another adult who assumes legal parental responsibility. In practice, this process can break down at every level.

There is generally a lack of coordination between each component of child welfare services. Protective services, foster care, reunification and adoption planning can last indefinitely, This is largely due to the fact that there exist no time frames that dictate at what point permanent outcomes should be effected and there is no clarity regarding how, when and why a case is moved from component to another.

Most families at risk of having children placed, require a myriad of supportive services. These services include housing, medical, vocational, educational, etc., that are not directly provided through the child welfare system. Since children are a part of these families, the remedial response is to protect the child usually through removal, thereby, focusing on needs of the child rather than focusing on the needs of the family as a unit. A practice such as this suggests that families are somehow strengthened when they are torn apart.

Even at the federal level funding is in place to support separate components of family life. There are nine federally funded National Resource Centers among which are centers for child abuse, youth services, foster and residential care, special needs adoption, family based and child welfare services. There is currently no medium for coordinating activity of these Centers, however plans are underway for a joint meeting of all nine Resource Center Directors. Hopefully, these collaborations will be ongoing and as an outcome strategies will be developed to implement an effective coordination of services to families and in turn a national family welfare policy developed. Such a policy should filter through the states to re-direct practice from systematic destruction to systematic construction of families.

ATTITUDINAL BARRIERS

Children receiving foster care services belong, largely, if not exclusively to poor families. The working class is generally considered to be appropriate as foster parents, while middle and upper class families are sought out as adopters. Based on this construct, the ensuing practice makes three significant statements: 1) Children of the poor should not be taken from parents whose impoverished conditions are absent of "American Dream" values and symbols; 2) Only marginal families should be subjected to taking children of questionable backgrounds and those having been abused or neglected; and 3) "American Dream" families are the appropriate families in which children should be permanently raised. These attitudes contribute largely to children being locked and lost in the child welfare system.

There has been a gradual awakening by social agencies to the fact that only 13% of American families meet the "American Dream" criteria, that poor does not have to equal pathological and that a variety of family structures make suitable permanent families. This awakening has caused some movement over the past decade toward a reversal of these attitudes in theory. It is no less frustrating to note that in practice poor families continue to have considerable difficulty garnering resources and relevant services to preserve or reunify their families; and that single people, people on marginal and fixed incomes, people over 40 years of age and disabled people are still not viewed as the adoptive parents of choice.

A significant number of black people fall into these categories while an equally significant number of black children languish in foster care and drift from one temporary placement to another. These are children who upon reaching majority at the age of 18 no longer generate payments from governmental sources for their care are "emancipated" to live independently. These are children who have been raised by social service institutions and have not had the benefit of permanent family attachments. These are children whose glorious childhood years have been fraught with instability and confusion. These are children who represent up to 50% of the homeless youth population in some urban areas. These are children on whom our future depends.

CONCLUSION

It is imperative that a national family policy be established that mandates all families at risk of having children placed into foster care receive intensive preventive services, except in "emergency", "life threatening" or "imminent danger" situations. This could be done through financial disincentives to states who do not develop and implement plans to re-direct a significant percentage of their foster care funds into preventive and reunification services within one year. Such a policy should also require that inter-disciplinary services aimed at meeting the needs of individual family members be coordinated into comprehensive family plans for the family as a whole. These plans should identify and hold accountable specific agencies and individuals for delivering concrete services that lead to permanent solutions for children. These solutions should be affected within one year of initial agency intervention.

Agency activities must be monitored at the federal level through a mandated and uniform reporting system that is systemically reviewed to determine compliance, significant trends in practice and the impact of services on children and their families.

The social service industry has treated families in crisis as throwaways. In turn, many of these families have learned to feel and behave as such. Until these practices are reversed, the five billion dollars spent annually in child welfare services is fuel for an eternal flame burning in memory of a lost legacy.

REFERENCES

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STATEMENT OF PAMELA ELSNER, EXECUTIVE DIRECTOR, ILLINOIS ACTION FOR CHILDREN, LA GRANGE, IL

Ms. ELSNER. My name is Pam Elsner. I'm the executive director of Illinois Action for Children. I appreciate this opportunity to testify today.

Illinois Action for Children is a citizen-based statewide child advocacy organization whose mission is to serve children dependent upon public policy for their well-being. Our system's advocacy efforts are privately funded by foundations, corporations and members. We are a watch dog organization over the Illinois Department of Children and Family Services (DCFS) and the Juvenile Courts of Illinois.

Over the past three years, IAFC has conducted a court watch of the dependency/neglect calendars in Illinois to identify causes of delays for children in foster care in the State of Illinois. In addition, IAFC, in cooperation with the Cook County Juvenile Court, set up only a year ago the first Court Appointed Special Advocate (CASA) program in Illinois, and is now setting up five more CASA programs in Illinois.

I also serve as the coordinator of the Illinois Task Force on Permanency Planning sponsored by the National Council of Juvenile and Family Court Judges. The task force recently published its findings, and in stage two of the task force the focus is on the creation and expansion of prevention services in Illinois.

Since 1980, living conditions have worsened for Illinois' children. One out of five children lives under the poverty level. One out of four is born out of wedlock. Over the last year 181,000 calls were made to the child abuse hot line, as Director Johnson mentioned, a definite increase of 31.6 percent.

In addition, 82 children died from abuse or neglect in the year ending June 30, 1986, a 49 percent increase from the previous year. Babies addicted to cocaine and heroin have also gone up 60 percent in the last year.

The juvenile courts and DCFS share a dual responsibility to protect the children of Illinois. They are both systems under extreme stress in their response to the growing poverty rate of Illinois' children and the rising child abuse reports. Current fiscal constraints and the likelihood of inadequate budget increases force DCFS to remain in a constricted posture when it addresses Illinois childrens issues.

Last Tuesday a panel, including Director Johnson, on Channel 11 agreed that an additional $63 million would be needed to enable DCFS to obtain additional resources to accomplish the goals. The Illinois proposed budget adds $18 million for DCFS. However, that is dependent upon the passage of a state income tax increase.

If the income tax increase does not pass, DCSF will not get the $18 million, nor the $3 million for home-based services.

Illinois has responded to the mandates of the Adoption Assistance and Child Welfare Act in 1980. But one of the last mandates in P.L. 96-272, through its time staggered implementation, was the requirement regarding prevention and reunification services.

Illinois Action believes that the weakest area of implementation of P.L. 96-272 in Illinois is the prevention and the reasonable effort component. Weak linkages exist between the Child Abuse Hotline investigations and preventive and home-based services.

The Department can intellectualize and support the concept of prevention services and reasonable effort, but they have not been able to actualize strong prevention services due to lack of resources and money.

In addition, the juvenile courts have also been weak in reinforcing this concept. Legislation to mandate prevention and home-based services, reunification and post-adoptive services in Illinois was introduced this month, which was drafted by a coalition of child advocates.

Illinois' child welfare juvenile justice System is fraught with delay problems. The mammoth system contains, of course, case workers with high case loads and impossible demands upon time, as in other states; foster parents who lack adequate training and support services to deal with very dysfunctioning foster children; and a sluggish, overloaded judicial system which cannot respond to children's unmet needs.

Illinois law mandates an adjudicatory hearing within 120 days. Research from the IAFC courtwatch revealed that in 1985 the average time of adjudication, to determine the truth of charges of abuse or neglect was, in Cook County, 14.4 months and in St. Claire County was 10.4.

The larger areas do have the problem with the time delays and adjudication. But a delayed adjudication means a delay in disposition, reunification, a permanent home and adoption.

In parts of the state parents do not experience due process, which includes a speedy trial. During the time gap they may be denied custody of their children. Now, Cook County Juvenile Court has responded to IAFC findings and other advocacy efforts and created a new courtroom which handles delayed adjudications.

To reach a timely decision, unnecessary delays in agency and judicial decisionmaking must be eliminated. Strong judicial management is needed to avoid unnecessary delays.

A sufficient number of DCFS case workers should be hired to enable the department to reduce case loads to a level which would allow case workers to meet all worker contact standards and provide for at least visitation when it is appropriate and on a regular schedule.

P.L. 96-272 requires a dispositional hearing to be held no later than 18 months after the original placement. Because of the court's independent nature and nondependence upon state and Federal funding, there is no impetus for the courts to maintain a timely dispositional hearing, which jeopardizes state child welfare's funding because of noncompliance regarding the dispositional hearing.

In closing, I would like to make some recommendations to the committee to be acted upon at the Federal level. The Federal Government should provide additional incentives to the states to provide increased prevention and home-based services.

Secondly, reasonable efforts needs to be more clearly defined with specificity to clarify services and entitlement to these services. I was very pleased to learn today that HDS is distributing written material to clarify those concepts.

If reunification efforts are to be established, we urge that families be reunified as quickly as possible when it is appropriate.

Advocate observe that although 96-272 has created positive changes for children and their families, the child welfare system continues to need shoring up for the sake of the children.

Thank you.

Chairman MILLER. Thank you very much.

Mr. Loperena.

[Prepared statement of Pamela Elsner follows:]

Prepared Statement of Pamela Elsner, Executive Director, Illinois Action for Children, La Grange, IL

I appreciate the Committee's invitation to testify here today and to share the insights we have gained about the foster care system.

Illinois Action for Children is a citizen-based, statewide child advocacy organization whose mission is to serve children dependent upon public policy for their well-being. Our advocacy efforts are supported by foundations, corporations and members. We seek to help troubled children and families reach their fullest potential by fostering programs and initiatives which strengthen families. We focus on fundamental and systemic children's issues rather than case advocacy.

In addition to policy analysis, IAFC serves as a watchdog organization over the Illinois Department of Children and Family Services and the Juvenile Courts of Illinois, monitoring the quality of the practice of the rules and regulations. Over the past three years, IAFC conducted a courtwatch of the dependency/neglect calendars in Illinois. The purpose of the courtwatch was to identify causes of delay for children in foster care in the State of Illinois. Through our trained volunteer courtwatchers, we observed the interrelationship between juvenile court and the Department of Children and Family Services. In addition, IAFC in conjunction with the Cook County Juvenile Court, set up the first Court Appointed Special Advocate (CASA) program in Illinois and is in the process of setting up five more CASA programs in different parts of the State.

IAFC's combined citizens, agency members, corporate representatives, and its corps of volunteers have provided IAFC with a unique perspective of the child welfare/juvenile court systems.

I also serve as the Coordinator of the Illinois Task Force on Permanency Planning which is a project sponsored by the National Council of Juvenile and Family Court Judges. The Task Force has evaluated permanency planning in Illinois over the last two years and will publish its findings later this month. In the second stage of the Task Force on Permanency Planning, the focus will be on the creation and expansion of prevention and home-based services in Illinois and the implementation of the Task Force recommendations.

Since 1980, living conditions have worsened for Illinois' children.

- one out of five children lives under the poverty level
- one out of four is born out of wedlock
- 53% of Illinois' 740,000 children living in poverty live in Chicago
- nearly 30% of Chicago's children are under the poverty level (1)

Over the last year 181,000 calls were made to the Abuse Hotline, an 8.3% increase over the previous year; according to DCFS, 35% resulted in indicated reports.

In addition, 82 Illinois children died from abuse or neglect in the year ending June 30, 1986, a 49% increase from the previous year. In 21 cases, DCFS had investigated charges of abuse or neglect and had either left the children in their home or returned children who were in foster care to the birth home. The previous year, only seven cases of 55 Illinois children who died from child abuse had been investigated by DCFS.

They are "systems under stress" in their response to the growing poverty rate of Illinois' children and their families and the need for prevention and supportive services.

Juvenile courts and the Department of Children and Family Services share a dual responsibility to protect the children of Illinois.

Current fiscal constraints and the unlikelihood of large budgetary increases force DCFS and Juvenile Courts to remain in a constricted posture when they address Illinois' children's issues.

The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) provided incentives to the states for child reform. PL 96-272 is considered an expression of good social policy -- it recognizes the importance of permanent homes for children; it also promotes the preservation of families and the permanent placement of children; and it also represents sound fiscal policy. PL 96-272 was a boon for foster children and a strong incentive for states to reform their systems. Systems are resistant to change and usually do not reform themselves without external pressures.

Illinois responded to the mandates of PL 96-272 by creating a state-wide information system, an inventory of foster children, specified written case plans for each child in foster care, an administrative case review every six months and a program to promote adoptive placement of children, and has provided safeguards to children, parents and foster care providers.

BARRIERS TO PERMANENCY

One of the last mandates of PL 96-272 through its time-staggered implementation was the requirement regarding preventive and reunification services and the judicial determination requirement.

IAFC believes that one of the weakest areas of implementation of the mandates of 96-272 in Illinois is the preventive and reasonable effort component. The resources for full compliance with the mandate simply are not available in Illinois at this time. Weak linkages between the Child Abuse Hotline investigations and preventive and home-based services demonstrate a lack of structure and system. "In its consideration of PL 96-272, Congress repeatedly made it clear that it intended not just a shift of federal funds from care to prevention and reunification services, but a shift of the entire state emphasis in this direction." (2) This has not been observable in Illinois. Based on the legislative history, it was the intent of the Committee that comprehensive preventive and reunification service programs be established on a statewide basis." (3) "We need to spend as much on children in their own homes as we would in foster care," Mel Breed, President of the Child Care Association of Illinois, stated in a Chicago Tribune article, October 6, 1986.

Illinois and the Department of Children and Family Services intellectualize and support the concept of prevention services and "reasonable effort", they have legislated and created rules and regulations for the concept, but have not been able to actualize strong prevention service due to a lack of resources and fiscal constraints.

According to the Multidisciplinary Review Committee of the Child Abuse Inquiry Project, "Too often, cases appear to get lost between investigation and followup. There seems to be an unavoidable gap between the time a case is initially seen by a Division of Child Protection investigator and the time when services are offered. Yet families are often in crisis at the point of investigation and are most apt to both require and be responsive to services."

The need for prevention services for families is indicated by other Illinois code departments. The Illinois Department of Corrections indicates the following statistics from their juvenile population:

> 75% of youths admitted had family or mental health problems from family in stress or disorganization, fiscal year '85, 75%
>
> 12.7% had documented child abuse
>
> 16.2% had documented child neglect (4)

Legislation to mandate prevention and home-based, reunification and post-adoption services in Illinois will be introduced within the month by a coalition of advocates and agencies.

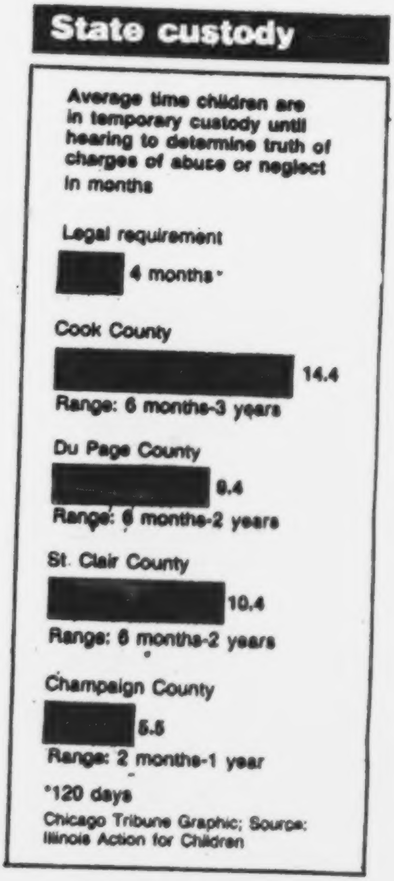
DELAYS

Illinois' child welfare/juvenile court system is intricately interwoven with problems of delays. The mammoth system contains:

* overburdened caseworkers with high caseloads and impossible demands upon time
* foster parents who lack adequate training and support services to deal with very dysfunctioning foster children
* a sluggish, overloaded judicial system which cannot respond to children's unmet needs.

Confidentiality laws which were created to protect children's privacy sometimes shield both systems from being held accountable as it cloaks difficult issues and services.

IAFC's courtwatch of the dependency/neglect calendars in Illinois indicated delayed adjudicatory hearings which had far reaching effects on permanency plans for foster children. Illinois law provides for an adjudicatory hearing within 120 days. Our research indicated:



State custody

Average time children are in temporary custody until hearing to determine truth of charges of abuse or neglect in months

*120 days

Chicago Tribune Graphic; Source: Illinois Action for Children

A delayed adjudication creates a delayed disposition, a delayed reunification between the child and parent, a delayed permanent home and a delayed adoption. Parents of abused/neglected and dependent children do not have timely adjudicatory hearings in parts of the State, which creates multiple problems.

1. Parents do not experience due process which includes a speedy trial. During the time gap, they are denied custody of their children.
2. Parents may be advised by their public defender or private attorney that they should not cooperate with DCFS and its service plan because it would be an admission of guilt on their part. Caseworkers are frustrated with this legal recommendation as they perceive the birth parents are the most vulnerable at this time when they have lost their children to substitute care and are usually willing to work with the child welfare agency to regain their children. Social workers felt that the longer the children are in substitute care, the less likely parents are willing consistently to work with the agency.
3. A proposed reunification plan may be delayed until there is an adjudication.
4. When a delayed adjudication occurs, evidence becomes stale. Updated social investigations are needed, and it may be difficult to find witnesses who originally were involved in the case. Memories fade after a period of time.
5. Too many temporary custody cases may overburden a caseworker who has the responsibility of establishing weekly visits while children are in temporary custody.
6. Because of the delays, multiple changes of caseworkers do not provide continuity for the child, the birth parents, the foster parents and/or the service plan.
7. The longer the child is in care, the more likely she/he is to experience multiple placements (42.2% of foster children experience more than five placements. (5)
8. Until there is an adjudicatory hearing, the goal of DCFS is a reunification effort with birth parents, even through a child may have been seriously or emotionally devastated. The parents may or may not be located. Children may be stuck in a limbo with a reunification goal that is unrealistic, unworkable, and not in the best interest of the child because the adjudication has been delayed.

9. In a "legal risk" situation (a case in which a child has been identified by DCFS as potentially adoptable because the likelihood of parent rehabilitation is slim), agency movement toward adoption cannot be implemented until the child has been in care for one year past DCFS guardianship which may or may not be established at adjudication.

Cook County Juvenile Court has responded to IAFC's findings and other advocacy efforts and is currently constructing an additional dependency/neglect courtroom with the promise of a second additional courtroom.

ISSUES AND IMPLICATIONS OF MULTIPLE CONTINUANCES

Multiple and prolonged continuances create the following problems:

- Persons involved in a case are discouraged by continuances from regular attendance at court sessions. Professional witnesses with busy practices and client caseloads are discouraged when they know the case is most likely to be continued. Professionals may sit in the anteroom all morning only to find the case is continued for a variety of reasons.

- It is time consuming for witnesses, caseworkers, and parents to attend a brief hearing which is most likely to be continued.

- A financial burden is imposed upon parents who have to take off work for multiple court dates.

- Parents do not always understand what has occurred in court and it further alienates them from their children, caseworkers and attorneys.

- The possibility of continuances deters caseworkers from taking children out of school to attend court hearings. Children have very few opportunities to verbalize their feelings at court.

- Children do not understand continuances.

IAFC recommends that DCFS and the courts should reach an ultimate decision in a case -- whether to return the child home or secure another permanent placement -- within a reasonable time after a child enters foster care. To reach a timely case decision, unnecessary delays in agency and judicial decision-making must be eliminated. Strong judicial management is needed to avoid unnecessary delays.

Timetables should be established for each step, including a deadline for the ultimate decision in the case. Attorneys and private parties should expect to comply with the timetables under ordinary circumstances. The judge should have the discretion to extend the time when the facts of the case require. Before any hearing is continued, the court should make sure that the next hearing date is set and that the hearing be continued within the week. Hearings must have priority.

A time frame should be established on how long a parent has to stabilize a home environment and demonstrate capability and willingness in order to be reunified with the child/children. Currently goals for parents may be stated review after review with the parents failing the required service plan to regain custody of the child. Realistic expectations need to be explored. Reunification attempts should not go on ad infinitum. According to the Adoption Act, grounds for termination of parental rights may be established after a year of guardianship if no "reasonable efforts" to correct conditions have been made by parents, but IAFC found this ground rarely used.

PL 96-272 requires a dispositional hearing to be held no later than 18 months after the original placement. However, in Illinois at times dispositional hearings cannot be held because the case has not been adjudicated. Because of the court's independent nature and the non-dependance upon state and federal funding, there is no impetus for the court to maintain timely dispositional hearings. Once again, this jeopardizes state child welfare's funding because of non-compliance.

IAFC recommends that the Administrative Offices of the Illinois Courts should also be more intensely involved in promoting prevention and reunification concepts. It should be their responsibility to make sure that all judges and court personnel understand the concepts and the implications of prevention and reunification, e.g. (1) the need for documentation of reasonable efforts to prevent placement, (2) the need for more vigorous representation by the Guardian ad Litem in assuring provision of prevention, reunification and needed services, (3) the need for more intensive court supervision of children that remain in the home and, (4) need for consistent monitoring of provision of services.

Trained professionals, continuity and commitment are important to provide appropriate services to children and their families. The frequent turnover of State's Attorneys, Public Defenders, judges and workers also emphasizes the important role of training.

IAFC further recommends that an entity outside the agency or juvenile court should be created to review progress on a case and identify problems in service delivery or court delays. External review provides the checks and balances necessary for the operation of any system, and it makes the child welfare system -- agency and court -- accountable for good practices.

A lack of adequate resources prevents child abuse or unnecessary removal of children from their families. Many of the services that exist often are unavailable until after a severe problem has occurred. This problem is due to inadequate funding as well as occasional poor coordination between agencies involved with families. IAFC recommends a long-range planning process for prevention services.

Intensive home-based services that support the child and the family should be available throughout the state and their availability mandated by law. Current gaps in services need to be identified and resolved. Families should be eligible for these services before a child has to be removed and after removal if reunification is being considered. They must include: parent education, support groups, counseling, respite care, day-care, homemaker, parenting skills, health and hygiene, drug and alcohol abuse, perinatal bonding, emergency assistance, emergency advocacy, emergency caretakers.

Delays can hurt children -- whether the children are in their own homes or have been removed. Children in their own homes may be left at risk while the court continues a case without ruling on what services a family needs to receive; children removed from their families suffer and can be emotionally scarred as the delays prolong arrangements for their permanent care - whether with their birth parents, relatives or adoptive parents.

Caseload sizes must be reduced in order for caseworkers to accomplish their jobs.

The DCFS visitation policy of once a week visits between parents and children (when the case is in the temporary custody stage) cannot be actualized because of high caseload. (According to DCFS, 43% of cases in Cook County are in the temporary custody stage.) One of the best ways to maintain bonding between the child and parents is through regular visits. (6)

A sufficient number of DCFS caseworkers should be hired to enable the Department to reduce caseloads to a level which would allow caseworkers to meet all worker contact standards and provide for at least weekly visitation between parents and children in foster care whose permanency goal is "return home". (7)

In closing, IAFC would like to offer some recommendations to the Committee to be acted upon at the federal level:

1. The federal government should provide additional incentives to the states to provide increased prevention and home-based services.

2. "Reasonable effort" needs to be more clearly defined with specificities clarifying services and entitlement to these services.

3. If reunification efforts are to be established, we urge that families be reunified as quickly as possible when it is appropriate.

4. Specific mandates to the states are needed to improve the quality and the quantities of services for children and their families. States are shackled at times by limited reserves and funding.

Children's advocates observe that, although PL96-272 has created positive changes for children and their families, the child welfare system continues to need shoring up -- for the sake of the children.

Without adequate and comprehensive services, abused children become abusers, neglected children enter into a cycle of dependency and never fulfill their human potential. Children pay the human cost of being victims of parental and governmental maltreatment and society pays for the financial cost.

FOOTNOTES

1. Testa, Mark, *State of the Child, 1986.* The Chapin Hall Center for Children at the University of Chicago

2. Allen, Mary E. et al., *A Guide to the Adoption Assistance and Child Welfare Act of 1980,* Children's Defense Fund, 1982

3. Ibid

4. Department of Corrections, Human Service Plan, 1984

5. Department of Children and Family Services, Human Service Plan, 1984

6. Task Force on Permanency Planning, *The Quest for Permanency,* 1987

7. Ibid

STATEMENT OF ERNESTO LOPERENA, EXECUTIVE DIRECTOR, NEW YORK COUNCIL ON ADOPTABLE CHILDREN; AND PRESIDENT, NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, NEW YORK, NY

Mr. **Loperena**. Congressman Miller, thank you for the opportunity to share with you some thoughts and experiences from the field of child welfare. Today I'll discuss barriers to adoption and dependency issues as they relate to independent living and foster care.

But first, perhaps some background information on the organizations I represent and my own involvement in the field will help clarify my perspective.

New York Council on Adoptable Children, COAC, was founded in 1972 by adoptive parents who couldn't understand why it took them so long to adopt. Embodied in its mission is that every child, and I underline every, truly needs and deserves a permanent, loving family. We are not a foster care or adoption agency, but rather an organization devoted to the permanent placement of children.

We recruit prospective adoptive parents for special needs children in foster care who have the goal of adoption, primarily those in New York City. Since 1972, we have facilitated the adoptive placement of 1,200 special needs children. Because 90 percent of the foster care children in New York City are black and Hispanic, our recruitment efforts focus on these communities.

The North American Council on Adoptable Children, NACAC, is an organization representing over 800 adoptive parent groups in the United States and Canada. NACAC's purpose is to advocate the right of every child to a permanent, continuous and nurturing family, and to press for the legal adoptive placement of any child denied the right.

We hold a yearly conference on adoption which draws approximately 1,000 people, adoptive parents and professionals. We maintain communication with our membership through our newsletter, "Adoptalk," and through state and provincial coordinators. NACAC is also the primary mover behind National Adoption Week.

Barriers to adoption. Federal statistics acknowledge, and we've heard differing figures here, 250, 260 or 275,000 children in foster care, of whom approximately 36,000 are freed for adoption. Blacks, Hispanics and Native Americans comprise 47 percent of this population.

In New York City, 17,000 children are in foster care, of whom approximately 3,800 have the goal of adoption. Blacks and Hispanics comprise, again, 90 percent of this foster care population.

According to the Foster Care Monitoring Committee's report to the mayor of New York in September 1984, children wait an average of six years in foster care before being adopted, even though the Child Welfare Reform Act of New York, which was passed in 1979, prescribes a maximum period of 48 months from time of entry into foster care to an adoptive placement.

Just as an aside, whenever we see maximums in law, whether they be Federal or state, they turn to become minimums.

The tragedy is that simultaneously families are waiting inordinately long periods of time to adopt these same special needs children. As mentioned before, the New York Council on Adoptable Children specializes in recruiting prospective adoptive families.

Currently we have 424 families waiting an average of two years, three months, to adopt special needs children. 380 of these families are black and Hispanic, about evenly divided. Our experience tells us that the recruitment of families, including minority families, is not the problem. Culturally and racially sensitive recruitment programs have proven successful in many areas of the nation.

The major problem is getting these families through the system. Although we prepare our families to anticipate delays, about 25 percent drop out after referral to an adoption agency for the homestudy process. Between six to nine months is spent to complete a typical homestudy. This process should take no longer than six to nine weeks.

The next major hurdle families face is the so-called matching process. A family will identify a specific child usually from a photolisting. The adoption agency worker quite often has ingrained attitudes about what constitutes an ideal family. Too often this ideal entails a nuclear family, with space, and a mother who will be a housewife. This ideal flies in the face of social reality.

Many minority families live within extended family situations. Because of this, living space may be considered cramped. In others, both parents must work to maintain a decent standard of living. In still others, it may be a single parent situation. Added to these are attitudes about being too old or too fat or too skinny. These factors, in myriad combinations, are used to disqualify families who apply for specific children.

To give you a brief example, when I was growing up in the late 1940s, some time ago, on the lower east side of Manhattan in New York, we were poor by any stretch of the imagination. My family occupied a one bedroom, no steam-heat flat. Mom and dad slept in the bedroom with my baby brother and I slept in the living room on the sofa. Not a sofa bed, a sofa.

As many as five adults would sleep in that same living room with me until they found a job and then their own apartment. There was always at least one adult sharing that living room.

Using most of the current criteria in a homestudy in New York, my biological mother and father could not have adopted me. Yet, I don't think I turned out too badly after having spent seven years in that environment.

But perhaps the most pervasive systemic problem is the built in incentive to maintain children in foster care as opposed to either reunification or adoption. As long as we continue to reimburse agencies on a per diem, per child foster care rate, as opposed to permanency services provided, the message is clear. Whether public or private, the way to maintain or enhance your budget, power and prestige is by keeping children in foster care.

Please don't misunderstand. Foster care is necessary to provide a temporary home for children who are victims of abuse, neglect and abandonment. However, long-term foster care is damaging to a child's development and should not be rewarded. The corporate parent is no substitute for a permanent, loving family.

This point is perhaps best illustrated by an anecdote. A few years ago we had recruited a 58-year-old Hispanic widow who had identified a 13-year-old Thalidomide deformed girl from New York State's photolisting service. We referred her to the agency who had the child. A homestudy was conducted and she was approved as an acceptable family. The agency offered her a perfectly normal 15-year-old boy. The stated reason for denying her the 13-year-old girl was that she was too old to care for an invalid who required dialysis treatments three times a week.

This woman not only had the space in her apartment, the time, she was at home living on her husband's pension, but lived only three blocks from a major hospital with a dialysis unit. One cannot help but wonder whether the $38,000 per year reimbursement for the girl until age 21 versus the $10,000 a year reimbursement for the boy until age 18 may have been the deciding factor.

From dependence to independence, quite often those of us in the field of adoption tend to forget about the other social work goals that children in foster care are assigned. As strong believers in permanency planning, that a child develops best in a permanent, loving family, we're familiar with the goal for a child to return home and that every service, both soft and concrete, be provided to maintain and enhance the child's biological family.

Only when this proves impossible, within a clear and delimited time frame, should the goal of adoption be pursued. Of the two other goals, adult custodial care and discharge to own responsibility or independent living, the latter is the least understood and potentially the most dangerous to the child's development.

Approximately 25 percent of the children in foster care nationally have a discharge objective of independent living. If one uses the conservative Federal estimate of 250,000 children in foster care, 62,500 children have this goal.

In 1979, the Mayor's Task Force on Foster Care in New York City stated,

> To a great extent this reflects the failure of the system to find them permanent homes; to a lesser extent it means that even the most diligent and energetic efforts at permanence will not always succeed. In either case the system does very little to prepare these children to live independently when they leave foster care.

The lack of preparation is even more acute when a child is in either a group residence or in an institution. These, by their very nature, foster dependency.

Perhaps a short story will underline this point. Four years ago one of our workers at New York COAC encountered a confused looking 18-year-old riding the subways. She asked the youngster what was troubling her. Apparently she had just been discharged from a foster care institution with two subway tokens and the address to the emergency welfare office.

COAC's worker, who had been shopping that evening, asked the youngster to come home with her and told her they would deal with the problem the following day. Upon arriving home she told the young lady, "Go to the kitchen and help yourself to milk or soda while I put these packages away." Ten minutes later she sees the girl standing by the kitchen door. "Why didn't you have some milk or soda?" The reply, "I'm not allowed to go into the kitchen."

The following morning she was asked, "What would you like for breakfast?" Answer, "Anything." Question, "Well, do you want orange juice, tomato juice, eggs, pancakes, toast?" With a puzzled look on her young face came the reply, "Anything."

Perhaps an extreme example, but I have no doubt that thousands of children are experiencing this type of dependency. They cannot go into kitchens, have few personal effects, and no choice at mealtime. One cannot talk about independent living without dealing with the peculiar dependence we, as a society, have foisted on these children.

As parents we prepare our sons and daughters throughout the child development continuum for that date when they will leave the nest. We teach them survival skills from the most mundane of personal hygiene to the more sophisticated of self-identity and interpersonal relationships.

While this is certainly an argument for adoption as opposed to discharge to own responsibility, it is also an argument for preparation for independent living programs as soon as the child enters foster care, no matter what the social work goal is.

In a society that values the independent individual, why do we have institutionalized dependence? Do we wish to continue this dependence from foster care to juvenile justice systems to penal institutions, while each time the cost of this dependency, in human lives wasted and money misspent, escalates?

Can we realistically expect an 18 year old aging out of foster care to seek employment, find an apartment, prepare meals and budget their expenses when they have been taught not to open a refrigerator door?

I would argue that an age appropriate assessment of life skills be conducted as soon as a child enters foster care, that those skills found lacking be taught while the child is in foster care even though the goal may not be discharge to own responsibility.

Independent living programs should be integrated into the foster care experience, particularly in group homes or institutions. Programs just before they age out of foster care are better than nothing, but to a great extent they're playing catch up.

The New York State Council on Children and Families has estimated, for example, that 50 percent of New York City's homeless youth are graduates of the foster care system. This is a tragedy which costs society money and lost opportunities.

In conclusion, I would urge this committee to look at ways to redress the financial incentive which temporary foster care now enjoys. Perhaps this can be done by revising the funding formulas so that permanency goals are reimbursed at a higher rate relative to foster care maintenance.

With respect to independent living, these programs should be a significant and integral aspect of a child's foster care experience, whatever that child's social work goal is.

Thank you.

Chairman MILLER. Thank you very much.

[Prepared statement of Ernesto Loperena follows:]

PREPARED STATEMENT OF ERNESTO LOPERENA, EXECUTIVE DIRECTOR, NEW YORK COUNCIL ON ADOPTABLE CHILDREN, PRESIDENT, NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, NEW YORK, NY

GREETINGS

Congressman Miller, distinguished members of the Committee, ladies and gentlemen. Thank you for the opportunity to share with you some thoughts and experiences from the field of child welfare.

Today I'll discuss barriers to adoption and dependency issues as they relate to independent living and foster care, but first perhaps some background information on the organizations I represent and my own involvement in the field will clarify my perspective.

Introduction

The New York Council On Adoptable Children (COAC) was founded in 1972 by adoptive parents who couldn't understand why it took them so long to adopt. Embodied in its mission is that every child truly needs and deserves a permanent, loving family. We are not a foster care or adoption agency but rather an organization devoted to the permanent placement of children. We recruit prospective adoptive parents for special needs children in foster care who have the goal of adoption, primarily those in New York City. Since 1972, we have facilitated the adoptive placement of 1,200 special needs children. Because 90% of the foster care children in New York City are Black and Hispanic our recruitment efforts focus on these communities.

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In addition to my connection with these two organizations, I'm a member of the Foster Care Monitoring Committee in New York City, a member of the Adoption Exchange Association's board of directors and a member of the Board of Directors of a large foster care and adoption agency in New York called Leake and Watts.

Barriers to Adoption

Federal statistics acknowledge 250,000 children in foster care of whom 36,000 are freed for adoption. Blacks, Hispanics and Native Americans comprise 47% of this population.

In New York City, 17,000 children are in foster care of whom approximately 3,800 have the goal of adoption. Blacks and Hispanics comprise 90% of this foster care population.

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State prescribes a maximum period of 48 months from time of entry into foster care to an adoptive placement.

The tragedy is that simultaneously families are waiting inordinately long periods of time to adopt these same special needs children. As mentioned before, the New York Council On Adoptable Children specializes in recruiting prospective adoptive families. Currently we have 424 families waiting an average of 2 years and 3 months to adopt special needs children. Three hundred eighty of these families are Black and Hispanic, about evenly divided. Our experience tells us that the recruitment of families, including minority families is not the problem. Culturally and racially sensitive recruitment programs have proved successful in many areas of the nation.

The major problem is getting these families through the system. Although we prepare our families to anticipate delays, about 25% drop out after referral to an adoption agency for the homestudy process. Between 6 to 9 months is spent to complete a typical homestudy. This process should take no longer than 6 - 9 weeks.

The next major hurdle families face is the so-called matching process. A family will identify a specific child usually from a photolisting. The adoption agency worker quite often has ingrained attitudes about what constitutes an ideal family. Too often this "ideal" entails a nuclear family, with space and a mother who will be a housewife. This "ideal" flies in the face of social reality. Many minority families live within extended family situations.

Because of this, living space may be considered cramped. In others both parents must work to maintain a decent standard of living. In still others, it may be a single parent situation. Added to these are attitudes about being too old or too fat or too skinny. These factors, in myriad combinations, are used to disqualify familes who apply for specific children.

For example, when I was growing up in the late 1940's on the Lower East Side of Manhattan in New York City, we were poor by any stretch of the imagination. My family occupied a one bedroom, no steam-heat flat. Mom and dad slept in the bedroom with my baby brother who was in a crib. Puerto Ricans coming over from our home town would sleep on cots in the living room where I slept on a sofa, _not_ a sofa-bed, but a sofa. As many as 5 adults would sleep in that living room with me until they found a job and then their own apartment. There was always at least one adult sharing that living room. Using most of the current criteria in a home-study, my biological mother and father could not have adopted _me_. Yet, I don't think I turned out _too_ badly after having spent 7 years in that environment.

But perhaps the most pervasive systemic problem is the built in financial incentive to maintain children in foster care as opposed to either reunification or adoption. As long as we continue to reimburse agencies on a per diem/per child foster care rate, as opposed to permanency services provided, the message is clear. Whether public or private the way to maintain or enhance your budget is by keeping children in foster care.

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This point is perhaps best illustrated by an anecdote. A few years ago we had recruited a 58 year old Hispanic widow who had identified a 13 year old Thalidomide deformed girl from New York State's photolisting service. We referred her to the agency who had the child. A homestudy was conducted and she was approved as an acceptable family. The agency offered her a perfectly normal 15 year old boy. The stated reason for denying her the 13 year old girl was that she was to old to care for an invalid who required dialysis treatments three times a week. This woman not only had the space in her apartment, the time - she was at home living on her husband's pension but lived only three blocks from a major hospital with a dialysis unit. One cannot help but wonder whether the $38,000 per year reimbursement for the girl until age 21 versus the $10,000/year reimbursement for the boy until age 18 may have been the deciding factor.

Perhaps no one other than an adoptee can express the difference adoptive parents make in the lives of children. COAC received the following letter from an adoptee residing in the state of Washington:

July 25, 1985

To Whom it may interest:

I've recently read Glenn Hesters' book Child of Rage. My mother has just finished. Wonderful Book!!

I'm writing because I was once a foster child and I can relate to most of the book. The book sounded so much like my life and portrayed so many of the feelings I once felt. I must admit that I cried through most of it.

My natural mother was mentally ill and unstable. She enjoyed abusing me and did so with much vigor every single day until the Welfare agency got involved and took me away. I was only 6½ to 7 years old when it all began - meaning the foster homes. The Welfare Agency declared me a "hard to place" child. With all the mental & physical abuse it's no wonder why.

When I was 14 I was placed in a foster home with the most wonderful people you could ever meet. When I was 19, they adopted me.

To make a long story short, considering the cruelty and torment, abuse, mental anguish, and physical and psychological scars this lifetime and lifestyle left on me, I have found love like never before. I've also overcome most of my negative, destructive feelings. I'm happy, healthy and still alive.

I see the probems of foster care, and I am so very appalled by it. My best to everyone who are searching for answers, my prayers for those who are sesponsible for the crooked system.

Thank you.

Sincerely,

P.S. I just celebrated my 23rd birthday

From Dependence to Independence

Quite often those of us in the field of adoption tend to forget about the other social work goals that children in foster care are assigned. As strong believers in permanency planning (that a child develops best in a permanent, loving family), we are familiar with the goal for a child to return home and that every service (both "soft" and "concrete") be provided to maintain and enhance the child's biological family. Only when this proves impossible, within a clear and *delimited* time frame, should the goal of adoption be pursued. Of the two other goals, adult custodial care and discharge to own responsibility (or independent living), the latter is the least understood and potentially the most dangerous to the child's development.

Approximately 25% of the children in foster care nationally have a discharge objective of independent living. If one uses the conservative federal estiamte of 250,000 children in foster care, then 62,500 children have this goal. In 1979 the Mayor's Task Force on Foster Care in New York City stated: "To a great extent this reflects the failure of the system to find them permanent homes; to a lesser extent it means that even the most diligent and energetic efforts at permanence will not always succeed. In either case the system does very little to prepare these children to live independently when they leave foster care." The lack of preparation is even more acute when a child is in either a group residence or an institution. These, by their very nature, foster *dependency*.

Perhaps a short story will underline this point. Four years ago one of our workers at New York COAC encountered a confused-looking 18 year old girl riding the subways. She asked the youngster what was troubling her. Apparently, she had just been discharged from a foster care institution with two subway tokens and the address to the emergency welfare office.

COAC's worker, who had been shopping that evening, asked the youngster to come home with her and told her they would deal with problem the following day. Upon arriving home, she told the young lady: "Go to the kitchen and help yourself to milk or soda while I put these packages away." Ten minutes later she sees the girl standing by the kitchen door. "Why didn't you have some milk or soda?" The reply: "I'm not allowed to go into the kitchen."

The following morning she was asked: What would you like for breakfast?" Answer: "Anything." Question: "Well, do you want orange juice or tomato juice, eggs, pancakes, toast?" With a puzzled look on her young face came the reply: "Anything."

Perhaps an extreme example, but I have no doubt that thousands of children are experiencing this type of dependency. They cannot go into kitchens, have few personal effects and no choice at mealtime. One cannot talk about independent living without dealing with the peculiar dependency we as a society have foisted on these children. As parents we prepare our sons and daughters throughout the child development continuum for that date when they will leave the nest. We teach them survival skills from the most mundane of personal hygiene to the more sophisticated of self-identity and interpersonal relationships. While this is certainly an argument for adoption as opposed to discharge to own responsibility, it is also an argument for "preparation for independent living programs" as soon as the child enters foster care--no matter what the social work goal is.

In a society that values the independent individual, why do we have institutionalized dependence? Do we wish to continue this dependence from foster care to juvenile justice systems to penal institutions, while each time the cost of this dependency--in human lives wasted and money misspent--escalates? Can we realistically expect an 18 year old aging out of foster care to seek employment, find an apartment, prepare meals and budget their expenses when they have been taught not to open a refrigerator door?

I would argue that an age appropriate assessment of life skills be conducted as soon as a child enters foster care; that those skills found lacking be taught while the child is in foster care even though the goal may not be discharge to own responsibility. Independent living programs should be integrated into the foster care experience particularly in group homes or institutions. Programs just before they age out of foster care are better than nothing, but to a great extent they're playing catch-up.

The New York State Council on Children and Families has estimated that 50% of New York City's homeless youth (ages 18-21) are graduates of the foster care system. This is a tragedy which costs society money and lost opportunities.

In conclusion, I would urge this committee to look at ways to redress the financial incentive which temporary foster care now enjoys. Perhaps this can be done by revising the funding formulas so that permanency goals are reimbursed at a higher rate relative to foster care.

With respect to independent living, these programs should be a significant and integral aspect of a child's foster care experience whatever that child's social work goal is.

Thank you for your time.

Chairman **Miller**. Miss Oliver, in your testimony, and I think also, in Mr. Loperena, yours, you discussed the representation of minority children within the foster care system, but am I correct that your assessment in terms of the adoptability of these children is not so much an issue of available families as it is in getting those families cleared through the system to adopt the children? So that when you look at Miss Oliver's testimony about the disparities in time between the white children that have been in this system and the minority children in the system, that, in fact, that doesn't just speak to the question of whether they're white or black children? It's a question of whether or not the system is able to respond to hook them up with families that have expressed an interest in adopting these children.

Is that a fair summation of what you're both saying? You don't have to speak for one another. You can speak for yourself here.

Ms. **Oliver**. I think it's a fair summation. One of the key issues is that foster care and adoption services are provided generally and a middle class norm that is not very relevant to families and children of various cultures, races or socio-economic lifestyles.

So the children and families then are in limbo because people look at them and consider them, number one, hard to place children and then consider the families to be inappropriate for adoption or inappropriate for fostering because of certain kinds of criteria; like being single or being older or being on a fixed income, or whatever.

Chairman **Miller**. So there's a stereotype that a minority child is hard to place. They fall immediately into that category. And, secondly, there's a straining process or screening process in terms of the receiving family that weeds out a series of families that conceivably would do a fine job of raising that child.

Ms. **Oliver**. I used to do workshops for agencies on minority recruitment. And one of the things they consistently said to me when I asked about previous recruitment programs was that they didn't get any families. You didn't get any families? Well, we got families, but they were inappropriate.

So I had to look at what was appropriate and what was inappropriate. Unfortunately things really haven't changed that much over a period of years. Because I recently heard of a two parent black family in Minnesota, who had responded to a sibling group of five children, and the adoption worker refused to accept their application because the wife who is a part-time librarian said that she intended to continue working after adopting.

So now the five kids are still in the system and a good family has been rejected because of inappropriate criteria.

Chairman **Miller**. Well, you know, the problem is that I think from time to time these issues have been raised in an anecdotal sense, you know, that there's one family here that was screened out and we all agree that it looks like, on the face of it, that it would be a good family.

But, Mr. Loperena, your testimony suggests that it's far more than anecdotal. That, in fact, what you have is, there really are no standards, it's based upon the interviewer, the standards that person holds and all of whatever they bring to that job; and that, in fact, that there's a systematic screening of families because they're too old or they're single or they're both working or what have you because that doesn't fit a subjective picture of the norm.

Mr. **Loperena**. That's true.

Chairman **Miller**. So it's far more systematic than——

Mr. **Loperena**. I would say so, and it's not just New York. I use New York and New York's figures because I'm most familiar with that, but it happens throughout the United States. And in California, I think, had looked at the—someone had looked at the recruitment program which the State of California had been funding to the tune of something like $650,000 per year to recruit minority families for Chicano and black children in the foster care system of California.

Only five percent of those families were able to get through that foster care system.

Chairman **Miller**. Well, I think we have to take an additional look at this. We're about to get thrown out of this committee room, so I want to just hit on a couple of other points for the record here.

The issue that you raise in terms of whether the reimbursement is holding children in the foster care system, I think, is a very valid one. And I guess what I would like—maybe you can supply some additional information, and I know this will raise some hackles, and other people can supply some.

But how do you reverse that? I mean, do you do a sliding scale? You know, we get into draconian measures sometimes, when we don't like the direction a system takes. So, people want to cut off the funding after three years or five years, but again we know that every case is individual in a sense.

With some kids you can do it, but obviously the system is going far too long. I mean, you're citing that the governors report, or whatever it was——

Mr. **Loperena**. The mayor's.

Chairman **Miller**. What the mayors report that it is way too long for children to be languishing in the system. The fact is that we're not meeting any of these deadlines.

So do you start—I'd like you just to think about and maybe you can get back to the committee, but do we start with the sliding scale or do we give you five years or three years and then, at that point, let the state inherit the entire burden for the child?

Because your testimony raises the issue of whether or not there are much greater possibilities in terms of the placements for two reasons: one, if we can get there earlier in the treatment of the child, and I think Ms. Elsner points this out; and, two, that there, in fact, are a greater number of available families than perhaps we're letting through the system. That's not to suggest that everybody who walks through the door is eligible, or should be, to adopt a child.

But those two things raise the potential for getting this permanency which is—whether it's in a decent foster home or an adoptive home is what we were looking for. There really is more potential to do that.

Mr. **Loperena**. Perhaps I might underline it by something else. Bill Grinker, who was here earlier, mentioned the fact that this year adoptions have gone down in the City of New York, and he mentioned the figure of something like 650 as opposed to a projected goal of 1,200.

Chairman **Miller**. Right.

Mr. **Loperena**. That system, in terms of foster care and adoption being one, spends $424 million a year for foster care and adoption. Our agency has a budget of $250,000 a year. We placed 50 of those 650 children.

Chairman **Miller**. This is not a subject without some emotion in New York. You make a good point that we've got to worry about those vested interests.

Ms. Elsner, let me ask you, the CASA program, is that speeding up the process or delaying it?

Ms. **Elsner**. Hopefully it's not delaying it.

Chairman **Miller**. I mean, it's providing for a little bit more in depth review of that family and the status of that child, right?

Ms. **Elsner**. The program has only been operational for one year, and as of this time approximately 150 children are assigned CASAs. And I can cite specific examples that shows that the system was speeded up a bit.

For instance, in the arrangement of an interstate movement of a child, it took five or six weeks. We have heard of other such arrangements taking several months. An individual CASA being there and watching what's going on, makes sure that things are done on a timely basis. We see example after example of that.

Chairman **Miller**. And do you think it's preventing some entry into the system, I mean, in terms of having an advocate for the child?

Ms. **Elsner**. In Cook County the children are assigned after being in temporary custody. At this point we do not have any CASAs that are being assigned.

Chairman **Miller**. At the beginning of the process.

Ms. **Elsner**. Right.

Chairman **Miller**. In citing the mayor's report, what's the status now, this year, in terms of length of stay? Is that increasing?

Mr. **Loperena**. Well, I think as Commissioner Grinker pointed out, there is currently a bipolar situation. By that I mean on the one hand you have crack addicted, AIDS babies, coming into the system aged zero, and on the other hand you have older children, primarily adolescent or pre-adolescent coming in as a result of sexual, as well as more traditional forms of child abuse.

In any event, you have that particular situation. The prognosis of those who come into the system and who have crack is not good. Finding adoptive families for them is very, very difficult. And the reason for that is that I don't know anyone who knows what the prognosis is for a crack addicted baby.

We've called, we've checked with various doctors and it's just too new a phenomenon, AIDS is a different situation. We all know what the prognosis there is. And because of that prognosis, finding adoptive families is almost impossible.

Chairman **Miller**. Well, thank you very much. I think it's clear when we look at this linear system that the adoption aspect of it, like the intervention, early intervention aspect of it, has got to be given more emphasis.

I appreciate the evidence that you've given to the committee and for your time. Thank you very much.

[Whereupon, at 1:30 p.m., the select committee was adjourned.]

[Material submitted for inclusion in the record follows:]

North American Council on Adoptable Children

"Members of the Council are united in the belief that every child has the right to a permanent family. The Council acknowledges that its members may vary in their approach to the community, to the child welfare agencies, and to solving problems in adoption and foster care, and the Council encourages that variety and diversity. The purpose of the Council is to advocate the right of every child to a permanent, continuous and nurturing family, and to press for the legal adoptive placement of any child denied the right."
— Statement of Purpose,
NACAC Bylaws

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JUN 8 1987

June 3, 1987

Honorable George Miller
Chairman
House Select Committee on
Children, Youth and Families
385 House Office Building - Annex 2
Washington, DC 20515

Dear Congressman Miller:

Thank you and the members of your committee for providing me the opportunity to testify before you.

Pursuant to your suggestion at the hearing held on April 22, 1987, I'm responding to your last question regarding what type of monetary sanctions should be used to enforce the permanency planning envisioned in the landmark legislation PL-96-272.

To reinterate one of the central themes of my testimony: the current funding stream favors foster care maintenance (translating in practice to long term foster care) as opposed to either prevention/reunification at the beginning of the continuum or adoption at the other. Although I concentrated on the growing minority population in foster care, still 53% of the system nationally is white. Many of these are handicapped children and would fall in the euphemistically titled category "hard to place." It seems to me a shame that, given this fact, many white adoptive parents are using the services of an agency run by a friend in the state of Washington who places foreign handicapped children. When I asked her why experienced adoptive parents would use her agency's services, she replied that the families are frustrated by the U.S. system and they can achieve an adoptive placement of "special needs" children from India, Singapore or Mexico in half the time. Remember there is no adoption subsidy in these cases.

It seems to point in the following direction: if you're a Black, Hispanic, Native American or handicapped child of any color or ethnic group, your chances of continuing to be warehoused is great.

Regarding the funding stream, I would suggest a carrot and stick approach. Agencies, whether public or private, should get bonuses if they achieve permanency planning goals, i.e. either preventing entry into foster care, reunification or adoption. Agencies should be fiscally sanctioned in the administrative part of the budget if they do not reach the permanency goals envisioned in PL 96-272.

An alternative approach would be levels of payment geared to outcomes with relatively higher payments going towards permanency outcomes and lower ones to foster care maintenance.

I agree with your statement that many parts of the system are in a "shambles". One of the major reasons is that programs and agencies (as we've learned from the recent military budget disasters) follow the dollar. The lives of 250,000 plus children, however, are more important than merely wasted present dollars.

It is a solvable problem which, under your leadership, can be achieved.

In closing, I'm extending an invitation to you and/or members of your staff to attend our next conference to be held in Orlando, Florida August 6-9, 1987. It provides an unique opportunity to hear from adoptive parents and concerned professionals from throughout the United States about their experiences with the system which, taken together, are more than just anecdotal.

Sincerely,

Ernesto Loperena

Ernesto Loperena
President

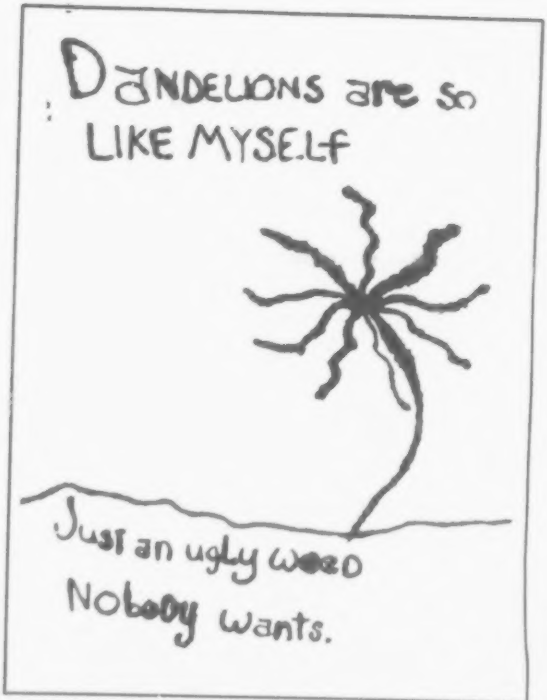
EL:ng

SUBMITTED WITH TESTIMONY OF PAMELA ELSNER

CHILDREN IN SEARCH OF TOMORROW

THE SEARCH FOR
PERMANENCY PLANNING

Report of the Illinois Task Force
on Permanency Planning
March, 1987


DANDELIONS are so
LIKE MYSELf
Just an ugly weed
Nobody wants.

This poignant picture, which hangs in CASA offices in Remann Hall in Tacoma, was drawn by a youngster awaiting help through the Pierce County juvenile system.

CHILDREN IN SEARCH OF TOMORROW - THE SEARCH FOR PERMANENCY PLANNING

Report of the Illinois Task Force on Permanency Planning
March, 1987

Prepared under Cooperative Agreement #85-JS-CX-K027 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Assistance, U. S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U. S. Department of Justice.

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The Illinois Task Force on Permanency Planning is funded by
The National Council of Juvenile and Family Court Judges

CHILDREN IN SEARCH OF TOMORROW - THE SEARCH FOR PERMANENCY PLANNING

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The research, analysis, conclusions and recommendations in this report are those of the Task Force as a body and do not necessarily imply that they represent the views of individual members.

A special thanks to Pamela Elsner, Executive Director of Illinois Action for Children, who is Coordinator of the Task Force on Permanency Planning, Barbara Zehnder and Ann Sandstrom, IAFC staff, and the volunteers who contributed their time and efforts to facilitate the Task Force and the training sessions.

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ILLINOIS TASK FORCE ON PERMANENCY PLANNING

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CHILDREN IN SEARCH OF TOMORROW - THE SEARCH FOR PERMANENCY PLANNING

Before discussing in detail the work of the Task Force, it is essential to note the function and purpose of this group. The Task Force was assembled to study permanency planning efforts in Illinois and to make recommendations to strengthen the concept. It is important to note that the Task Force was not established to criticize or demean the thousands upon thousands of dedicated professionals and volunteers in the areas of law, social work, psychology, sociology, and the allied fields of public service including elected and appointed governmental offices. In fact, the study and deliberations of the Task Force confirmed the existence of dedicated professionals and volunteers.

The Task Force has sought to identify the most prevalent and pernicious obstacles impeding these dedicated people in their tireless efforts and to suggest strategies for the elimination of these obstacles.

Ironically, the relentless efforts of all involved to identify and attack child abuse and neglect whenever it occurs has increased the difficulty and the challenge of providing permanency for the children to be protected. As will be observed in more detail within the body of the report, while population growth has declined, the rate of child placement outside the home has increased. This is likely due to increased vigilance, sophistication and effectiveness in the identification of abuse and neglect and early intervention.

Thus, the following report is submitted not to criticize or disparage the herculean efforts. Rather it is submitted with a profound appreciation for those efforts and with the intent to improve those systems which serve children in Illinois.

Some of the suggestions and proposals will seem obvious. However, the Task Force has sought to go beyond the obvious and oft-repeated cry for "more" -- more social workers, more judges, more courtrooms, more money. The Task Force is acutely aware that in these difficult financial times a host of worthy necessities compete for the governmental dollar. Legislators who seek to balance and accommodate these competing demands undoubtedly are as concerned as are any of us. With that understanding, the Task Force has undertaken to propose specific goals for the cost-efficient use of public funds. The Task Force respectfully urges the reader to accept these proposals as goals. If they cannot be implemented as tendered, we invite their modification and improvement to accommodate current limitations. However, we also recpectfully and strenuously urge that the ultimate goal be faithfully maintained and pursued, if not exceeded.

INTRODUCTION

BACKGROUND

Hundreds of thousands of abused, neglected and dependent children are harbored in foster care throughout the United States. Many are victims of "foster care drift" as they move from foster home to foster home and grow up without family ties. Each of the estimated 300,000 children in foster care in this country was placed there with the hope that one day he or she would either be reunited with biological parents or provided with a permanent family. The annual foster care bill to the taxpayers is well over $2 billion, but the cost in human potential is even greater. Research indicates that abuse and neglect lead to aggressive, anti-social juvenile behavior and delinquency. Yet numerous studies also conclude that a strong, stable family can prevent foster children from becoming juvenile delinquents.

The National Council of Juvenile and Family Court Judges (NCJFCJ), comprised of 2,500 members, many of whom confront the problems of abused, neglected and dependent children on a daily basis, started the Permanency Project in 1972. With strong support of the NCJFCJ and many other groups, the United States Congress in 1980 enacted Public Law 96-272, the Adoption Assistance and Child Welfare Act. This law directs federal fiscal incentives toward alternatives to placement and provides protection for children to help ensure that they receive permanent homes in a timely fashion. However, any law is only as good as its application. Many states require additional information and technical assistance to effectively implement permanency planning. With support from the Department of Justice's Office of Juvenile Justice and Delinquency Prevention, the Edna McConnell Clark Foundation of New York City and other sources, the NCJFCJ initiated a nationwide effort to stop foster care drift and ensure permanent homes for the nation's children.

The Project

A permanency planning conference in June 1984, sponsored by the NCJFCJ, brought 400 judges, volunteers, legislators, supreme court justices, private foundation representatives, and social service officials together to take a long hard look at foster care. Participants from across the nation met in Washington, D. C., to review the legal, procedural and social problems associated with foster care and the need for permanency planning.

Delegates learned that the problem is not simple. Social service regulations and laws differ from state to state. Court procedures differ from county to county. Common denominators among the states are a lack of financial resources available to judges and agencies and the ready availability of valuable volunteer resources.

The courtroom is where the solution can begin. Lead judges and coordinators of the Task Force who attended the Washington, D. C., conference received further training at the NCJFCJ headquarters in Reno, Nevada, and returned to their states or regions to apply their knowledge. Judges and other community leaders from each state are now serving on interdisciplinary task forces on permanency planning. Volunteer group representatives, legislators, supreme court justices, private foundation representatives and social service officials, together with Lead Judges, are reviewing the status of foster care in each individual state and investigating potential solutions.

The NCJFCJ provided detailed technical assistance to each task force in the form of specialized training materials, national experts and faculty participation throughout state project activities. State and regional activities included specialized seminar/workshops to extend training and knowledge in permanency planning.

Illinois Task Force on Permanency Planning

Judge Arthur N. Hamilton, Presiding Judge of the Cook County Juvenile Division, attended the national conference and training as Lead Judge. Illinois delegates included Supreme Court Justice Daniel Ward; Department of Children and Family Services (DCFS) Director Gordon Johnson represented by Executive Deputy Director Paul Freedlund; Chicago Community Trust representative Marvin Cohen; and Pamela Elsner, Executive Director of Illinois Action for Children (IAFC).

In September, 1984, Judge Arthur N. Hamilton and Pamela Elsner (IAFC), appointed Coordinator of the Task Force, received additional training in Reno, Nevada.

On November 4, 1984, Judge Hamilton convened a meeting of judges, agency officials, legislators, volunteer agencies, private foundation representatives, educators and citizens to organize the Illinois Task Force on Permanency Planning. Robert O. Washington, Ph. D., Dean of the School of Social Work, University of Illinois, was elected chairperson.

The purpose of the Task Force was to examine the statewide foster care program and determine where problems exist. The Task Force was also expected to develop a workable solution to the problems which could be facilitated through the individual expertise of the Task Force members.

The Task Force was also called upon to plan and develop two training sessions for judges, state's attorneys, public defenders, guardians ad litem, agencies and citizens. The conferences were intended to increase their awareness of the foster care system, state and federal mandates, and the permanency planning concept.

The principal goal of the Illinois Task Force on Permanency Planning is to improve the lives of children residing in foster care by preparing a set of recommendations to improve the systems that serve them. The systems must be prepared to first try to return children to their birth parents. If not feasible, place them in an adoptive family; and, if that is not possible, identify and place them in a permanent foster family. Guiding the goal of the Task Force was that conscientious monitoring and review of children in foster care is critical to ensure that every effort is being made to place each child in a permanent home in a timely fashion. Moreover, the Task Force recognizes that the quality of preventive and reunification services available to troubled families -- and the extent to which these services are utilized and available -- can make the difference between whether children are separated or returned to their birth parents.

A second principle guiding the proposed activities of the Task Force was the need to create legislation mandating family-based services. This is essential to protect children and promote permanence in their lives. Properly-drafted legislation can assist in defining judicial, social service, and volunteer agency roles from various levels of state, judicial, and community agencies and services before effective legislation can be initiated and adopted.

Using these guidelines, the Task Force established the following committees:

1. State Inventory Committee to measure the progress of permanency planning within the state. This task was to include an inventory of children in placement.

2. Adoption Committee to identify a range of issues to be addressed as problems or obstacles to permanency.

3. State Laws, Rules and Regulations Committee to review laws and to propose additions and/or changes and to review regulations, rules and policies of agencies involved in permanency planning, compare these with actual practice, and make recommendations for modifications and change where appropriate.

4. Creative Use of Citizen Volunteers to promote the establishment of a statewide Court Appointed Special Advocate (CASA) program, with the first CASA program to be set up in Cook County (using a CASA-Attorney model) and to identify other areas in which volunteers could enhance the child welfare/juvenile justice system.

5. Prevention and Reunification Committee to evaluate current prevention and reunfication components of permanency planning as well as to ascertain available resources.

6. Training Committee to develop multidisciplinary training sessions on permanency planning.

7. Executive Committee to oversee the Task Force.

The committees met periodically to study permanency planning issues and to create a set of recommendations which are herein summarized for the reader. More detailed committee reports follow.

RECOMMENDATIONS

Juvenile Court

- Every effort must be made to expedite juvenile court proceedings.
- The Administrative Offices of the Illinois Court should encourage the development of a monitoring mechanism in order to correct delayed adjudications and dispositions.
- All courts in Illinois should be furnished with a complete set of DCFS regulations which should be accessible to all judges, attorneys, and probation staff.
- Regulations and procedures governing termination of guardianship for Cook County wards should specify a time frame for termination of guardianship after the ward has been returned to the custody of his or her parent.
- The Illinois Juvenile Court Act should be amended to require a status hearing on each case 30 days prior to the statutorily mandated date for the adjudicatory hearing.
- The Illinois Juvenile Court Act, Section 704-2, should be amended to more clearly require that all cases involving abuse or neglect be adjudicated within 120 days from the date the petition is filed.

Department of Children and Family Services

- Efforts to contact relatives must be made early in the child's placement.
- Training and support in decision making must be consistently available to child welfare staff within the agency. The need for ongoing intensive training programs for DCFS multi-service workers is particularly stressed.
- There is a need to develop regulations requiring formalized training for all new foster parents with required follow-up training annually. DCFS should request and the Illinois General Assembly should annually appropriate sufficient funds for this purpose in a separate designated line item of the DCFS budget.
- Permanency planning regulations and policies should be applicable to all children for whom the Department is responsible, no matter what type of care they are receiving. Children in all types of placement settings should have formal administrative case review at least annually.
- DCFS should hire caseworkers with a degree in social work or comparable education and training.
- A sufficient number of DCFS caseworkers should be hired to enable the Department to reduce caseloads to a level which would allow caseworkers to meet all worker contact standards and provide for at least weekly visitation between parents and children in foster care "DCFS rulemaking, 89 Ill. Adm. Code 302.20".
- Visitation procedures between parent and child should be enforced and documented in order to maintain bonding between child and parents.
- All DCFS policy, rule, and regulation changes should be communicated to DCFS staff in an effective and timely manner, preferably through in-service regional training meetings.
- Efforts should be made to assure consistency between local court rules and local and regional DCFS policy and practice.

Adoption Issues

* Adoption assistance issues and financial amounts need to be clarified for the sake of the potential adopting family.
* Adoption assistance should provide family income clearly above the poverty level.
* An adopted child should remain eligible for subsidy throughout childhood.
* The adopting family should be able to support the child through his or her growing-up years in such a manner that he or she can reach full potential.
* Public and private child welfare agencies should explore distinctions between a short-term foster home and the multi-purpose permanency planning foster family and determine the appropriate uses of each.
* A possible legal basis for open adoptions should be evaluated.
* The adoption assistance policies and regulations of DCFS should clearly state that adoption assistance should be based on the needs of the child and not on the financial status of the adopting parents.

Prevention Services

* Prevention as well as reunification services should be mandated by state law to provide further emphasis in these areas.
* Placement prevention services available in Illinois should be identified and assessed; development of needed resources should be encouraged where they do not exist and strengthened where they are weak "DCFS rulemaking, 89 Ill. Adm. Code 302.40".
* Intensive home-based services should be developed in all parts of the state. Services should include: parent education support groups, counseling, respite care, day care, homemaking, money management, parenting skills, health and hygiene, drug/alcohol abuse services, perinatal bonding programs, emergency assistance, advocacy, emergency caretakers.
* DCFS should assume a leadership role in the development of a coordinated plan for the provision of preventive services and include the public and private agencies who serve families and children.
* The Administrative Offices of the Illinois Courts should also be involved in prevention planning. It should be their responsibility to make sure that all judges and court personnel understand the concept and the implications of prevention, e.g. (1) the need for documentation of reasonable efforts to prevent placement, (2) the need for more vigorous representation by the Guardian ad Litem in assuring provision of prevention services, (3) the need for more intensive court supervision of children that remain in the home, and (4) the need for consistent monitoring of this provision of services.
* Crisis intervention (prevention) workers should be created to link with the Division of Child Protection (DCP) investigators. There is a need for obtaining linkage for prevention services at the time of crisis. The Department should consider the creation of intake or assessment workers to provide services at the point of crisis.

Volunteerism

- The Task Force supports the Cook County CASA and encourages implementation of the CASA in other jurisdictions.
- Small jurisdictions should consider using CASAs in additional areas such as domestic relations court and with victims and witnesses.
- A permanent full time position, Coordinator of Volunteer Services, should be established within DCFS as part of the central administrative staff.
- A system of citizen review boards should be established to conduct independent monitoring of permanency plans on a regular and timely basis.
- Recognized practices for management of volunteer programs should be fully utilized in developing the various creative uses of volunteers recommended above.

Report of the State Inventory Committee[1]

Every child placed away from home deserves to receive careful, thoughtful planning for his or her future. This is essentially the meaning of the term "permanency planning" in child welfare (Shireman 1983). In the last few years, several significant pieces of federal and state legislation have been enacted to ensure that the responsibility for such planning becomes an integral part of the child placement process in Illinois.

In order to be able to assess progress toward achieving the goals of permanency planning, it is important to establish a statistical baseline against which to compare actual performance. The aim of this committee report is to develop that baseline for the State of Illinois drawing on computerized data collected by the Illinois Department of Children and Family Services.[2]

Prevalence Counts of Children in Foster Care

Permanency planning begins with the decision as to whether a child should enter foster care. The most frequently used statistics for measuring entry into foster care are derived from periodic counts of the population of children in substitute care on a particular day. The figures presented in Table 1 are end-of-year counts of the number of children in substitute care under the guardianship of the Department of Children and Family Services. The data show that the number of children in substitute care has remained fairly constant at around 13,000 to 14,000 children since 1975. Despite this overall stability, there have been signficant shifts across the various types of living arrangements in which children are maintained. The largest shift involves the state's increased reliance on relative foster homes as the placement of choice over both foster family homes and residential care. Between 1975 and 1986, the percentage of children in relative foster homes has more than doubled from 12.28 percent to 27.55 percent (see Table 1). Similarly, there has been a movement away from institutional placement as shown by a drop in the percentage in institutions and group homes from 20.00 percent in 1975 to 15.25 percent in 1986, although in the last few years there has been an upward pressure on institutional caseloads (see Table 1).

Incidence Counts of Children Entering Substitute Care

Prevalence counts of children in substitute care presented above offer preliminary insight into the changing patterns of foster care utilization in the state. In order to gain a better perspective on the changing rates of entry into substitute care, it is necessary to measure the incidence of foster placement over a period of time. Table 2 presents data on the number of children entering substitute care for the first time in Illinois for fiscal years 1978 to 1983. As was found with the "cross-sectional", end-of-year counts, the entry of children into substitute care has stayed level at approximately 5,500 to 6,000. If children placed by county probation departments across the state are added to these counts, the total number of children placed in Illinois approaches 7,500 children.

It had long been anticipated that declining birthrate in Illinois and the nation as a whole since 1960 would result in a reduced number of children entering substitute care in the 1980's. The data in Table 2 show that the anticipated effect has not yet materialized. In fact, if we standardize the annual number of children placed by the size of the total child population potentially at risk each year, the rate of placement has actually risen slightly since 1980 from 16.6 per 10,000 children to 17.2 per 10,000 children in 1983 (see Table 2.) [3]

Table 1
Children in Publicly Supported Substitute Care in Illinois, by Type of Living Arrangement: 1965-1986

(Number of active child welfare cases under the guardianship or supervision of the Illinois Department of Children and Family Services. End-of-year counts as of June 30 or December 31 as indicated. Includes cases of the Cook County Department of Public Aid's Children's Division prior to its merger with the Department of Children and Family Services in 1969.

	NUMBER				PERCENT			
Year	Total Substitute Care	Foster Homes	Relative Foster Homes	Institutions and Group Homes	Total Substitute Care	Foster Homes	Relative Foster Homes	Institutio and Group Homes
1965	7,399	5,131	585	1,683	100.00%	69.35%	7.91%	22.75%
1966	8,697	6,008	598	2,091	100.00%	69.08%	6.88%	24.04%
1967	9,799	6,821	745	2,233	100.00%	69.61%	7.60%	22.79%
1968	11,215	7,555	872	2,788	100.00%	67.37%	7.78%	24.86%
1969	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1970	13,699	8,138	1,434	4,127	100.00%	59.41%	10.47%	30.13%
1971	16,821	11,334	1,335	4,152	100.00%	67.38%	7.94%	24.68%
1972	16,128	10,777	1,475	3,876	100.00%	66.82%	9.15%	24.03%
1973	15,522	10,536	1,346	3,640	100.00%	67.88%	8.67%	23.45%
1974	15,799	10,906	1,607	3,286	100.00%	69.03%	10.17%	20.80%
1975	13,432	9,094	1,650	2,688	100.00%	67.70%	12.28%	20.01%
1976	13,364	8,793	1,876	2,695	100.00%	65.80%	14.04%	20.17%
1977	13,383	8,794	1,970	2,619	100.00%	65.71%	14.72%	19.57%
1978	13,241	8,507	2,205	2,529	100.00%	64.25%	16.65%	19.10%
1979	13,947	8,540	2,500	2,907	100.00%	61.23%	17.93%	20.84%
1980*	14,092	8,417	3,062	2,613	100.00%	59.73%	21.73%	18.54%
1981	14,053	8,453	3,282	2,318	100.00%	60.15%	23.35%	16.49%
1982	13,855	8,272	3,463	2,120	100.00%	59.70%	24.99%	15.30%
1983*	13,426	7,788	3,666	1,972	100.00%	58.01%	27.31%	14.69%
1984	13,550	7,885	3,677	1,988	100.00%	58.19%	27.14%	14.67%
1985	13,625	7,816	3,748	2,061	100.00%	57.37%	27.51%	15.13%
1986	13,454	7,695	3,707	2,052	100.00%	57.19%	27.55%	15.25%

NA = Not Available
*Counts based on December 31 enumeration for these and intervening years.

Sources: Mark Testa and Edward Lawlor, *The State of the Child: 1985*, Chicago: Chapin Hall Center for Children (1985); State of Illinois, Department of Children and Family Services, *Statistical Handbook: Available Data- 1947 through 1969* (Same, 1970); *Human Services Plans*, 1980 to 1984 and unpublished data.

Table 2

Children Placed in Publicly Supported Substitute Care in Illinois, by Race, Sex, and Age: 1978-1983.

[Unduplicated count of children placed by the Illinois Department of Children and Family Services. Rate per 10,000 children in specified group.]

Geographic Area	1978	1979	1980	1981	1982	1983	1980	1981	1982	1983
	Fiscal Years									
			Number					Rate		
State of Illinois	5,452	5,802	6,094	6,038	6,009	6,127	16.6	16.6	16.7	17.2
White and Other	3,525	3,705	4,057	3,730	3,521	3,390	13.6	12.7	12.2	11.9
Males	1,584	1,639	1,775	1,671	1,681	1,639	11.6	11.1	11.3	11.2
0 to 4	614	619	660	675	687	692	19.0	19.0	19.0	18.7
5 to 9	298	291	317	309	316	301	9.1	9.0	9.3	8.9
10 to 14	405	433	473	402	392	388	12.4	10.9	10.9	11.2
15 to 19	268	298	320	280	286	258	7.3	6.5	6.7	6.3
Females	1,941	2,066	2,282	2,059	1,840	1,751	15.7	14.4	13.0	12.6
0 to 4	545	587	643	601	640	602	19.4	17.8	18.6	17.2
5 to 9	257	225	277	291	276	292	8.4	8.9	8.5	9.1
10 to 14	460	482	558	475	499	493	15.3	13.5	14.6	14.9
15 to 19	682	774	804	692	425	364	18.7	16.6	10.5	9.4
Black	1,927	2,097	2,037	2,308	2,488	2,737	29.4	33.3	35.8	39.2
Males	990	1,025	1,019	1,202	1,255	1,343	29.4	34.5	35.9	38.2
0 to 4	426	493	502	638	614	717	61.0	74.4	69.0	77.7
5 to 9	218	221	215	228	291	299	25.2	36.9	34.7	35.7
10 to 14	244	225	219	217	235	244	25.3	25.2	27.6	28.9
15 to 19	102	87	83	119	115	83	9.0	12.9	12.5	9.1
Females	937	1,072	1,018	1,106	1,233	1,394	29.5	32.0	35.7	40.3
0 to 4	373	425	486	480	564	639	50.4	57.4	65.1	71.4
5 to 9	155	190	189	209	249	303	22.3	25.0	30.1	36.7
10 to 14	198	234	235	236	250	270	27.2	27.6	29.5	32.1
15 to 19	211	223	108	181	170	182	20.0	19.5	18.6	20.2

Sources: University of Chicago, Enhanced Case Assessment and Planning System (ECAPS) database.

Further subdivisions of the placement data by geographical area, race, sex, and age of the child at placement reveal that the rising incidence of placement is restricted largely to young black children. Table 3 presents incidence rates for the metropolitan Chicago area which includes the City of Chicago and the surrounding suburban ring. Between 1980 and 1983, the rate of placement among black children under 5 years old rose from 58.1 per 10,000 for males and 46.0 per 10,000 children for females to 75.2 per 10,000 and 68.4 per 10,000 respectively. By contrast, the placement rates among white and other children under 5 years old remained approximately constant at 12.0 per 10,000 for both males and females (see Table 3).

Placement rates in the balance of the state exhibit essentially the same trend of a rising incidence of placement among young black children, yet increasingly the rate of placement downstate is significantly higher than the rate in metropolitan Chicago. Taking into account population size, downstate regions place more children into substitute care across all ages, race, and sex of children. However, in recent years, the magnitude of the differential overall between areas has narrowed from 11.8 in 1980 to 4.6 in 1983. Much of this change can be explained by the rapid decline in the downstate placement of white females aged 15 to 19 years old from 32.9 per 10,000 in 1980 to 13.2 per 10,000 in 1983 (see Table 4).

Duration in Substitute Care: Long-term or Temporary?

One of the principal objectives of permanency planning is to reduce the amount of time a child spends unnecessarily in substitute care before returning home or achieving some other permanent living situation. Cross-sectional studies of populations of children in substitute care have shown that the average length of time in care is three years or longer (Testa and Wulczyn 1980, Fanshel and Shinn 1978). Although valid, these findings tend, for a variety of reasons, to give a one-sided picture of children's duration in substitute care. As Kadushin (1978) has previously noted, cross-sectional studies tend to exaggerate the impact of the backlog of all children who over the years have been unable to exit the foster care system thereby biasing estimates in the direction of children in long-term substitute care. For these reasons, a longitudinal study is a more accurate procedure for estimating the typical "length of stay" children experience in substitute care.

The data presented in Table 5 are obtained from a longitudinal analysis of the number of months it took for one-half of the children placed in a particular year to return to the home of parents or to leave the guardianship of the Department of Children and Family Services. In most cases, one-half of the children return home or exit the system in less than one year which is consistent with the findings from other longitudinal studies (Jenkins 1967, Kadushin 1978). Still approximately 10 percent of every entering group of children tend to remain in substitute care for a very long time.

There is no consistent time trend in the number of months a child remains in substitute care. However, there are notable differences across geographical areas and by the race, sex and age of children. In all cases, it takes at least twice as long for a child to exit the foster care system in metropolitan Chicago as compared to the balance of the state. Similarly sized differentials hold for black as compared to white and other children (see Table 5).[3]

Table 3

Children Placed in Publicly Supported Substitute Care in Metropolitan Chica by Race, Sex, and Age: 1978-1983.

[Unduplicated count of children placed by the Illinois Department of Children and Family Services. Rate per 10,000 children in specified group.]

Geographic Area	Fiscal Years 1978	1979	1980	1981	1982	1983	1980	1981	1982	1983
	Number						Rate			
Metropolitan Chicago	2,672	2,840	2,853	3,003	3,336	3,545	12.5	13.2	14.7	15.6
White and Other	1,264	1,271	1,333	1,306	1,436	1,380	7.8	7.7	8.5	8.2
Males	641	635	643	618	686	674	7.3	7.1	7.9	7.8
0 to 4	257	242	258	266	275	309	12.9	12.8	12.7	13.7
5 to 9	125	113	130	101	123	123	6.5	5.1	6.3	6.2
10 to 14	163	176	159	145	183	147	7.1	6.7	8.6	7.2
15 to 19	97	104	100	107	105	95	3.9	4.3	4.3	4.0
Females	623	636	690	688	750	706	8.3	8.3	9.1	8.6
0 to 4	223	215	230	222	248	257	12.1	11.2	12.0	12.8
5 to 9	94	89	89	109	113	110	4.7	5.0	6.0	5.9
10 to 14	169	156	189	164	223	192	8.9	8.0	11.1	9.8
15 to 19	139	178	181	193	166	147	7.5	8.2	7.2	6.5
Black	1,408	1,569	1,520	1,697	1,900	2,165	26.4	29.4	32.9	37.4
Males	752	796	788	890	967	1,080	27.3	30.7	33.3	37.0
0 to 4	319	394	396	472	470	570	58.1	66.0	64.2	75.2
5 to 9	160	175	160	172	229	254	22.6	24.7	33.5	37.4
10 to 14	180	162	164	162	185	192	22.7	22.3	25.5	26.6
15 to 19	85	65	68	84	83	67	8.9	11.0	10.0	8.7
Females	656	773	732	807	933	1,085	25.4	28.1	32.5	37.9
0 to 4	266	322	300	365	427	499	46.0	53.1	60.3	68.4
5 to 9	111	143	149	161	184	233	21.1	23.5	27.5	35.6
10 to 14	146	170	177	163	194	219	24.4	22.7	26.0	30.3
15 to 19	133	130	98	116	128	134	12.6	13.1	16.0	17.7

Sources: University of Chicago, Enhanced Case Assessment and Planning System (ECAPS) database.

Table 4

Children Placed in Publicly Supported Substitute Care in Balance of State, by Race, Sex, and Age: 1978-1983.

[Unduplicated count of children placed by the Illinois Department of Children and Family Services. Rate per 10,000 children in specified group.]

Geographic Area	1978	1979	1980	1981	1982	1983	1980	1981	1982	1983
	Fiscal Years									
	Number						Rate			
Balance of State	2,780	2,962	3,239	3,035	2,673	2,582	23.3	22.4	20.2	20.0
White and Other	2,261	2,434	2,722	2,424	2,085	2,010	21.4	19.6	17.3	17.1
Males	943	1,004	1,130	1,053	995	965	17.3	16.6	16.1	16.1
0 to 4	357	377	402	409	412	383	27.0	28.0	28.5	26.7
5 to 9	173	177	187	207	193	178	12.5	14.2	13.4	12.5
10 to 14	242	257	314	257	209	241	19.0	16.9	14.2	16.9
15 to 19	171	193	227	180	181	163	11.7	9.6	10.0	9.4
Females	1,318	1,430	1,592	1,371	1,090	1,045	25.6	22.7	18.5	18.3
0 to 4	342	372	413	379	392	345	29.3	27.2	20.4	25.1
5 to 9	162	136	187	182	163	182	13.3	13.2	11.9	13.5
10 to 14	291	326	369	311	276	301	24.4	21.4	19.7	22.2
15 to 19	523	596	623	499	259	217	32.9	27.5	15.0	13.2
Black	519	528	517	611	588	572	44.6	52.1	49.6	47.0
Males	238	229	231	312	288	263	39.6	53.0	48.5	44.0
0 to 4	107	99	106	166	144	147	75.5	110.0	91.3	89.3
5 to 9	50	46	55	56	62	48	30.3	37.5	39.1	28.7
10 to 14	64	62	55	55	50	52	38.4	41.1	39.4	43.2
15 to 19	17	22	15	35	32	16	9.7	22.7	21.3	11.0
Females	281	299	286	299	300	309	49.6	51.2	50.7	51.6
0 to 4	107	103	98	115	137	140	72.1	77.3	87.1	84.5
5 to 9	44	47	40	48	65	70	28.4	32.2	40.4	40.6
10 to 14	52	56	58	71	56	51	41.0	34.0	45.2	43.2
15 to 19	78	93	90	65	42	48	56.1	41.5	28.1	33.7

Sources: University of Chicago, Enhanced Case Assessment and Planning System (ECAPS) database.

Table 5

Median Months in Publicly Supported Substitute Care in Illinois, by Geographical Area, Race, Sex, and Age: 1978-1983.

(Median number of months elapsed from placement to reunification with parents or to curtailment of guardianship by the Department of Children and Family Services.

Race Sex Age	Metropolitan Chicago						Balance of State					
	1978	1979	1980	1981	1982	1983	1978	1979	1980	1981	1982	1983
White and Other												
Males												
0 to 4	6.2	11.3	9.0	10.1	8.4	11.5	3.4	4.0	4.0	4.0	2.2	3.0
5 to 9	7.3	15.3	13.6	16.3	23.4	16.4	2.9	3.1	5.7	5.0	4.4	4.2
10 to 14	20.2	15.6	17.9	13.5	15.1	*	5.3	8.3	6.0	5.7	6.3	5.5
15 to 19	15.2	13.1	11.7	14.3	12.4	10.1	5.0	5.4	5.0	6.1	5.0	5.7
Females												
0 to 4	10.5	11.2	10.4	9.5	7.0	9.0	4.0	2.7	4.8	3.6	3.9	4.3
5 to 9	10.0	10.2	10.5	14.5	9.4	11.6	3.9	3.1	4.1	3.2	3.9	4.4
10 to 14	9.2	20.0	12.4	11.9	14.6	8.3	3.0	4.1	5.0	6.0	5.5	3.2
15 to 19	9.2	13.3	12.2	5.0	7.6	8.7	3.4	4.9	5.1	3.9	4.8	3.2
Black												
Males												
0 to 4	14.6	19.5	17.2	14.9	15.0	14.3	2.2	6.3	4.6	4.5	6.4	6.0
5 to 9	18.3	22.4	17.5	20.4	16.2	17.3	2.0	3.1	4.0	4.8	3.2	6.9
10 to 14	19.8	29.9	41.8	25.5	20.7	*	5.7	6.0	3.0	3.5	5.0	6.0
15 to 19	24.3	24.3	18.8	23.5	25.3	19.2	4.3	7.8	9.5	7.9	12.8	13.0
Females												
0 to 4	15.1	16.6	16.7	17.0	14.7	15.7	3.9	5.2	6.0	4.8	3.9	3.9
5 to 9	23.9	22.1	19.1	19.3	16.9	19.9	4.5	7.2	4.6	6.8	5.0	7.9
10 to 14	16.2	22.4	40.7	39.0	19.0	*	3.6	6.4	6.0	8.5	2.9	4.6
15 to 19	13.7	13.6	12.8	15.6	10.0	12.2	4.4	5.2	4.9	4.9	10.3	8.0

* = Insufficient period of observation to generate estimate.

Sources: University of Chicago, Enhanced Case Assessment and Planning System (ECAPS) database.

Because the composition of the substitute care caseload in Illinois is shifting from white, female adolescents from the balance of State to younger black children in the City of Chicago, special attention should be given to the differences in duration of care between these subgroups of children. Whereas it typically takes less than six months for one-half of the white, female adolescent population in care to exit the system in the balance of State areas, it takes more than twice that long (in approximately 1¼ years) for black children under ten years of age to exit the system in metropolitan Chicago. Some of the stability in the number of children in substitute care reported in Table 1 can be explained, therefore, by the decreased intake of white, female adolescents and the increased intake of young black children in Chicago who tend to reside in substitute care for a longer period of time.

Implications and Issues

Both the end-of-year count of children in placement and the overall annual number of children entering substitute care for the first time in Illinois have remained approximately level since the mid-1970's. However, the demographic composition of the entering caseload is changing in ways which suggest that the substitute care caseload might begin to rise in the next few years. Specifically, fewer white female adolescents from downstate are being placed, while more black children under 10 years of age in Chicago are being placed. Longitudinal analysis of children's length of stay in care shows that, on average, these younger black children take nearly twice as long to exit the substitute care system as compared to older white adolescents from downstate. In the long run, this differential could translate into larger caseloads.

The upward pressure on substitute care caseloads means that future progress in achieving permanence for children is less likely to produce the easily observable results associated with past successes such as declining number of children in care and reduced lengths of stay. We also need a better understanding of the impact of the changing composition of caregivers on caseloads, especially from non-relative to relative foster care. Also the recent increase in institutional placements requires, once again, that we reassess the role of residential care in achieving permanency for children.

One specific area of administration that needs to be explored more fully is the much longer time it takes for children placed in metropolitan Chicago to exit the substitute care system as compared to children placed in the balance of the state. On the one hand, it may be that the Chicago city and suburban systems deal with a more serious group of cases. On a per-capita basis, the metropolitan Chicago regions place fewer children in substitute care than downstate regions. However, once in care, the children, especially in Cook County, tend to remain in placement for a much longer time than downstate.

Some preliminary analysis conducted at the University of Chicago (Testa 1985) suggest that not all of this difference in length of stay between metropolitan Chicago and the balance of the state can be explained by characteristics of the children themselves as best they can be measured. Comparing black foster children in East St. Louis and west-side Chicago, for example, one finds that East St. Louis still moves children much more quickly through the system than does Chicago even after factoring out differences due to age, reason for placement, and prior experience in care. The extent to which this difference is due to variations in administration, juvenile court practices, or availability of placement resources requires additional investigation.

[1] The Committee would like to acknowledge the assistance of Alexander Reichl, Republican Staff, House of Representatives, and Robert George, School of Social Services Administration, University of Chicago, in the preparation of this report.

[2] The report makes use of concepts and measures developed at the University of Chicago to improve the uses of computerized data in child welfare decision-making at all levels. The project, entitled Enhanced Case Assessment and Planning System (ECAPS), is a joint endeavor of the Department of Children and Family Services and the University of Chicago. It is funded in part by a grant from the Edna McConnell Clark Foundation.

3 It should be noted that data collected by the Department prior to the implementation of MARS/CYCIS in 1982 are less reliable than data collected after that date. Therefore, caution needs to be exercised in interpreting placement trends prior to 1982. Additional analyses by DCFS and Mark Testa and Robert Goerge at the University of Chicago indicate that most of the racial differential is confined to Cook County after taking into account differences in age and reason for placement.

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Report of the Adoption Subcommittee

The following issues were identified as being of crucial importance to permanency planning for Illinois' children in substitute care. All are issues upon which immediate action appears necessary; all are troublesome in that they reflect underlying unresolved issues and as such are formidable barriers to effective permanency planning. Identified issues and recommendations are presented here in order of priority.

IDENTIFIED ISSUES

I. Lengthy Court Proceedings

An on-going shortage of Juvenile Court judges, backlogs in court calendars, and lengthy and repeated continuances mean that court processes are too often unduly long and costly. The cost to the state of lengthy court proceedings is obvious. There is the direct cost of repeated appearances of judges, lawyers, doctors, social workers, and others involved in the cases. Of even greater significance is the indirect cost of the damage done to the child's development by delays in permanency planning, damage which becomes costly in remedial services at a later date, or even worse, damage which may be irreversible.

II. Conditions Needed in the Department of Children and Family Services to Promote Permanency Planning

Much of the very difficult, sensitive work done in reuniting children with their parents, or in identifying children as potentially adoptable and preparing children for such a move, is done in offices where caseworkers cope with large caseloads and little training and support. These conditions contribute significantly to permanency planning obstructions and exist in private agencies as well as DCFS.

III. The Adoption Assistance (Subsidy) Program

The Adoption Subsidy Program in Illinois began in 1969 as a means of ensuring that no child, whose special needs made it difficult to find an adoptive home, would be denied permanency because a prospective family was not financially able to assume his or her care.

It has been demonstrated in Illinois and other states that adoption subsidy programs expand the number of adoptive homes available to waiting children by eliminating financial barriers. In the wake of recent changes in DCFS' regulations concerning adoption assistance, rational planning for subsidies has become complicated due to the underlying unresolved issue of how each subsidy shall be determined. Moreover, the amount of subsidy has been substantially reduced in a number of instances. If a child is difficult to place in a permanent home because of special needs he or she has, it seems altogether fitting that an adequate subsidy should "belong" to the child, to be paid to any family that adopts him or her. On the other hand, if sudsidy is meant to remove financial barriers for the potential adoptive family, it might logically be based on the needs of the family. Yet a family "means test" has been eschewed in other subsidy programs, and is occluded in Public Law 96-272. The issue is controversial and becomes intensified in the face of scarce family resources.

IV. The Need for Permanency Planning Families: Preparation to Return Home, Adoption, or Foster Care

In recent years, in response to increasing legal and case complications, a new kind of foster family has been developed, one which is prepared to provide three options in planning: (1) to help a foster child return to his/her own home, or (2) to adopt him/her if parental rights are terminated, or (3) to keep him or her as a foster child on a planned permanent basis if the first two options are not available. This kind of foster family offers obvious advantages to the foster child whose continuity of care is thus assured. However, in an era when foster parents are playing an increasing role in helping children return to their own homes, questions arise as to whether a foster family which wishes to adopt can really give birth parents every possible aid in keeping the child. Yet, in view of the multiple needs of foster children, the permanent planning foster family emerges as an apparently greatly needed resource.

V. Open Adoption - The Need for a Legal Basis for the Involvement of Birth Parents in the Adoption of Their Children -- and Beyond

Agencies are increasingly reporting that birth parents are agreeing to the adoption of their children if they are allowed to maintain some kind of contact after the adoption has been legally finalised. Frequently, it is prospect of never again having any form of contact with the child, not the knowledge that they will never actively parent the child, that prevents birth parents from surrendering their rights. In sensitive response to this situation, contracts are being drawn up between birth parents and adopting parents (usually with the assistance of the agency involved) which permit a variety of forms of contact, over varying lengths of time, depending upon the individual circumstances and wishes of the two families and children involved. All, however, are aware that the contracts have no basis in law, are not legally enforceable, and are dependent upon the integrity and commitment of the parties involved to hold true to the agreement.

VI. Preventive Measures for Emerging and Future Problems

In addition to the foregoing, other issues are emerging which hold major importance in permanency planning for children. These require attention in the immediate future. Attention devoted to them at the present time may well save time, energy, and money -- and may prevent needless disruption of children's lives -- in the future.

It is important that it be recognized that adoption is not the appropriate goal for all children who cannot live with the biologic parents. Foster care needs to be legitimized as a permanent plan for those children who cannot be freed of either legal or psychological attachments to their biologic parents. Residential care, too, needs to be recognized as one of the basic services for troubled children, either as a temporary therapeutic placement to prepare children for family living, or as a permanent plan for those children who cannot form family attachments.

It also needs to be recognized that a relatively high proportion of adopted children have difficulties as they grow up, and that their adoptive families are likely to need agency services. The state has a responsibility for all of its children including those for whom it has made permanent plans. These children should always be eligible for DCFS services, and the services of other agencies as appropriate. A wider range of post legal adoption support services needs to be developed, and adoptive families need to be made aware of them. It is thought that the presence of post-legal support services will encourage applicants to think more seriously about adopting the more difficult children in our foster care system.

Considerable concern was expressed for children in the care of private agencies, who are not eligible for Adoption Assistance or the DCFS Adoption Contract. This group of children is being increasingly overlooked in permanency planning, and funding is clearly the issue. There is little, if any support to private agencies to serve these children and their parents. It is the Subcommittee's view that it is more cost-effective to fund services to these children and parents when the children are very young, thus preventing the children's later entry into the system after abuse, neglect, or other disturbing experiences.

RECOMMENDATIONS

Recommendations #1 and #2

1. Every effort must be made to expedite juvenile court proceedings. This will require additional judges and additional courtrooms to handle burgeoning dependency/abuse and neglect cases.
2. Efforts to contact relatives should be made early in the child's placement.

Rationale:

Court delays hurt foster children - for they mean that arrangements for permanent care, either with birth parents, relatives, or adoptive parents, are delayed. A court process involving termination of parental rights which, for various reasons, extends beyond two years may not seem long within the framework of adult lives; however, a child's "time clock" runs faster. In two years, the infant has become a toddler, the toddler has entered school, and the school age child has become more difficult to plan for. All have established deep roots in their foster home in this time span.

The rupture of these roots by replacement repeats the child's original trauma of separation and loss. Replacement of the child with known and trusted parent figures is essential to his or her healing and well-being.

Recommendations #3, #4, and #5

3. Training and support in decision making must be consistently available to child welfare staff within the agency. The need for ongoing intensive training programs for DCFS multi-service workers is particularly stressed. Such training would include:
   a. skills necessary to obtain information about the child and the child's background, to share information with foster parents, to work productively with the birth parents and pertinent relatives around permanent plans for the child, and to prepare the child for whatever plans are to be implemented;
   b. knowledge of community resources available to assist in planning for children;
   c. training to work effectively with the Juvenile Court;
   d. training to work effectively with volunteers;
   e. developed knowledge and skill in training and preparing foster care and adoptive parent applicants for the myriad tasks that lie ahead in the eventual placement of children not born to them;
   f. recognition of new forms of permanency planning such as open adoption, permanent planning families (3-option foster families), and single parent placement as resources for the child.

4. It is imperative that caseload sizes be small enough that effective service to children and their families is possible. This, in all likelihood, will require an increase in numbers of DCFS casework staff, and/or an increase in referrals to private agencies.

5. All child welfare agencies engaged in permanency planning activities for foster children should hire workers with a degree in social work, or with comparable education and training.

__Rationale:__

Several demonstration projects have shown that the placement of children, even children with severe problems, in permanent homes is possible if child welfare workers are (1) properly qualified for their work, (2) receive proper training and support within the agency, (3) carry small caseloads, (4) have knowledge of and access to a spectrum of services to children, and (5) are able to communicate about the needs of children effectively within their own agency and to other community services.

The efficacy of foster and adoptive parents being well prepared has been borne out in sustained morale in the families and in the quality of care given the children. This applies as well to birth parents who need to be prepared for their children's return.

__Recommendations #6, #7 and #8__

6. The adopting family needs to know, very early in its consideration of a specific child, whether adoption assistance will be available to them, and in what amount.

7. The adopting family should be able to support the child through his or her growing-up years in such a manner that he or she can reach full potential. This means that adoption assistance should provide family income clearly above the poverty level.

8. The child should remain eligible for subsidy throughout childhood. This means that regardless of the content or original decision about the subsidy, the adoptive family may reapply at any time when serious needs, residual to the child's preadoptive condition, emerge.

__Rationale:__

Currently in Illinois the decision as to whether a family will receive adoption assistance, and the amount of that assistance, seems to rest on the aggressiveness of the adoptive family, the persistence of their caseworker, and the decisions of an administrator in DCFS. These uncertainties have tended to make potential adoptive families fearful about whether they will actually receive subsidy payments and whether they will be sufficient. Recent changes in DCFS regulations concerning adoption subsidies have apparently intensified these fears. This, of course, results in fewer family resources for special needs children already in the foster care system.

Because children adopted no longer need the supervision of the agency, thus eliminating administrative expenses, and because subsidy payments are less than payments for foster care, the financial savings to the state via adoption assistance are considerable. In addition, the cost in human terms of the damage of impermanency to a child is also saved through a subsidy program.

Recommendation #9

To more adequately meet the increasingly urgent and more complicated needs of children entering the foster care system, it is strongly recommended that both public and private child welfare agencies explore the selective uses of foster homes, developing distinctions between the short-term foster family and the multi-purpose permanency planning foster family, and determining the appropriate uses of each. Efforts should be made to interpret the purposes of these foster families to the court in the interest of promoting clearer understanding of these resources. Resource deficits at times preclude utilization of the "most appropriate" of existing resources.

Rationale:

It has become increasingly evident in the field of child welfare that it is possible for agencies to know and prepare their foster families well enough to selectively place children either for temporary or permanent long-term care. These kinds of thoughtful placements should be to the advantage of all parties. The appropriate use of foster families to facilitate permanency planning needs further exploration and understanding.

Recommendation #10

The possible legal basis for open adoption contracts, agreed to by birth parents and adopting parents, needs to be thoroughly explored by agency and legal groups, as well as the meanings of such agreements to both families and to the children involved.

Rationale:

In an increasingly open society, the benefits of such openness in adoption to all concerned are becoming more apparent. A legal basis would confirm and legitimize open adoption contracts and provide clearer guidelines for those involved. This is a concept which holds potential for making more permanent homes available to children who are now denied such opportunities.

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Report of the Committee on Creative Use of Volunteers

The charge of this Committee was exactly as the name implies: to explore the creative use of volunteers in assisting, supporting and facilitating permanency planning for children in substitute care as a result of abuse, dependency or neglect. The Court Appointed Special Advocate (CASA) Program is one specific program mentioned, but the Committee was also expected to explore other possibilities for effective and constructive utilization of volunteers within the foster care system.

The Committee quickly defined its work as a study of the CASA program, an investigation of currently operating volunteer programs serving foster children and of needs for other volunteer services within the DCFS and the juvenile court, and a study of how best to recruit, organize, train and supervise volunteers serving public agencies.

I. Court Appointed Special Advocate (CASA) Program

CASA programs provide specially-trained volunteers whose sole responsibility is the child and his or her best interests. CASAs are officers of the court who are appointed by the judge. A CASA volunteer independently investigates the case and reports to the court, advocates for the child's best interest within court protocol, and monitors court orders.

In some jurisdictions CASAs already are or soon will be working with children involved in delinquency proceedings in juvenile or family court, not only abuse and neglect. For the CASA, the training and the tasks remain the same. More importantly, the need of the child to have someone individualize the situation for him or her is also the same.

There are several models for CASA programs: CASA as monitor, CASA as a friend of the court, CASA as a party, and CASA as an attorney. There are presently over 165 CASA programs in almost every state of the union. Each jurisdiction has chosen the model, with adjustments, that suits its situation best. Some programs are administered by the court and publicly funded; others are privately funded, not-for-profit, non-governmental agencies, but still operate at the pleasure of the court.

In Cook County, Lead Judge Arthur Hamilton has been a strong proponent of the CASA concept. He has been very supportive of efforts by Illinois Action for Children (IAFC) to establish the first CASA program in Illinois in his court. Illinois Action for Children has received grants from the United States Department of Health and Human Services, the National CASA Associaiton, and at least five private foundations. This project is based on the CASA and attorney model. After training sessions, the first CASA volunteers were installed February 28, 1986. As of March, 1987, sixty-two CASA volunteers have been active in the program. The Cook County Juvenile Court and DCFS have been extremely supportive in helping IAFC to implement the CASA project in Cook County.

In addition to Cook County, six judges in various parts of the state have indicated their interest in creating CASAs in their jurisdictions with the assistance of IAFC which is currently seeking funding for these impending CASA programs.

Recommendation #1:

A. The Cook County CASA program shall receive full endorsement of the Task Force on Permanency Planning and the Task Force shall offer whatever assistance it can to promote the development of this program.

B. Establishment of CASA programs shall be encouraged in other jurisdictions within the state and the Task Force shall lend its full support to any additional programs.

C. In those jurisdictions where abuse and neglect cases are not numerous enough to warrant establishing a CASA program for that calendar alone, or even independent of that calendar, consideration should be given to also using the CASAs in domestic relations court, and in cases where children are victims and/or witnesses.

II. Other Creative Uses of Volunteers

Support services for DCFS and the juvenile court are already being provided by volunteers in various areas across the state. The Children's Agency Monitoring Project (CHAMP) is active in the juvenile court of Cook County. Junior League, National Council of Jewish Women, and IAFC all maintain sites where volunteers review 6-Month Reports submitted to juvenile court by DCFS. The emphasis of the review is the assessment of the permanency plan for each child. The League of Women Voters of Illinois and IAFC have also been engaged in court watching, assisting foster care support groups, recruiting foster parents for emergency care, and monitoring the child welfare/juvenile justice systems. Individuals also give many hours or service in working with DCFS workers and the children and families in the system.

Additional needs for volunteers within DCFS have been identified:

* facilitating visits with natural parents;
* supportive roles with foster parents;
* organizing or enriching special events;
* facilitating clinic or special appointments;
* providing respite service and gift help for holidays and birthdays;
* establishing clothing, furniture and equipment depositories;
* acting as tutors.

While some of these services are already being provided at sites in some regions, there is no central mechanism for structuring and maintaining DCFS volunteer programs throughout the state.

The need for volunteers to provide direct services for children, families and the agencies with whom the state contracts for the provision of foster care has been well-demonstrated. Monitoring the development of permanency plans and their implementation, as mandated under PL 96-272, is yet another opportunity for volunteers to make considerable contributions to speeding up the process of appropriate and final disposition of cases concerned with neglect and abuse.

Citizen Review Boards which operate either as part of the court system or independent of the courts, or as part of the state agency, serve this function well. These boards must be representative of the citizens, not the provider. In an advisory capacity each board periodically reviews cases to try to assure progress toward permanence. This provides a fresh, objective look, external to the agency.

Besides their basic review task, the citizen review board serves a variety of other functions including:

- community education
- network of concerns
- education of elected officials
- reinforcement of permanency planning process
- encouragement of training for workers and supervisors
- documentation of delays in procedures
- special credibility as citizens outside the system
- advisory role in policy making for foster care
- promotion of new ways to handle problems.

Recommendation #2:

A. A permanent full time position, Coordinator of Volunteer Services, should be established within DCFS as part of the central administrative staff. This position should carry responsibility for coordinating recruitment and training and facilitating volunteer activities throughout the regions. Volunteers working under the aegis of the coordinator should provide special services to DCFS clients and to the fine, but overextended DCFS staff.

B. A system of citizen review boards should be established to conduct independent monitoring of permanency plans on a regular and timely basis. Board members should be screened, trained and supervised by a special coordinator from the supervising agency.

III. Management of Volunteers

When considering the use of volunteers in a CASA program, a citizen review board, or as providers of various supportive services within DCFS, it is insufficient to say only that there are tasks to be done and that volunteers can do them. The successful utilization of volunteers demands careful development of specific plans for recruitment, training, organizing and supervising volunteers. Organizations which have had extensive experience with providing volunteer services such as the Junior League and the National Council of Jewish Women have produced manuals and other materials that can be very useful. The National CASA Association has also developed a manual and now has a special grant that will enable it to offer extensive technical assistance to communities wishing to establish CASA programs. IAFC has developed a CASA training program specifically geared to Illinois.

Throughout these materials there are several common threads which prevail regardless of the substantive area in which the volunteer will be working. Volunteers must be carefully screened and guided to the type of task for which they are best suited; responsibilities and limitations must be clearly defined; training must be specific to their tasks and on-going training should be provided. The volunteers should begin to feel some ownership of the program and they should be recognized for their achievements. Professional staff with whom the volunteers work must be trained to understand the role of the volunteer so that both groups will be able to be supportive of each other. Where applicable, volunteers should be subject to the same personnel policies as professional staff.

Specificity, honest and realistic expectations for all parties, preceded by a careful selection process and followed by periodic training, monitoring, evaluation and recognition are among the important ingredients for successful utilization of volunteers.

Recommendation #3:

Recognized practices for management of volunteer programs should be fully utilized in developing the various creative uses of volunteers recommended above.

Report of the Prevention/Reunification Committee

PL 96-272 requires that preventive and reunification services be provided to children and families who enter the child welfare system. Illinois law, however, does not mandate the provision of preventive in-home services, and children and families are not consistently receiving these services.

According to a DCFS study on resources, "There can be no assurance that the most eligible and needy children will be assured assistance by the primary preventive services." "The current service delivery system is incomplete and fragmented. To a large degree, it consists of services offered by a variety of sources which do not have complete linkages or networks to enable a comprehensive system."

The availability of counseling services is minimally available in most regions; however, entire department field offices offer no professional counseling services to clients. In some areas of the state only individual counseling is available. Sexual abuse counseling is available in only five regions.

Availability of parent training, nutrition, education, and financial management resources are scattered throughout the state, and not adequate. Department funding for parent training is limited to only high risk groups. Homemaker services are available throughout the state. Other family-based, in-home services are available in only limited quantities in a few areas of the state. Certified health aides are not available in the majority of Illinois counties. According to the Department, home visitors, child minders and family workers are all but unknown in Illinois. "Transportation services to enable clients to function independently with support are largely unavailable to those who cannot afford them, thereby denying clients access to many services." Emergency caretaker services are available to children on a temporary basis only in portions of four regions. According to the Department, respite care on an emergency, short-term basis for the purpose of preventing long-term placements is a concept which is known within the State of Illinois but remains largely unused by other than the Department of Mental Health/Developmental Disabilities.

Studies of home-based family-centered service programs consistently demonstrate that from 70 to 90% of families with children at risk can be effectively treated in home. **According to the Iowa Clearinghouse on Home-Based Services, the total cost of providing home-based family-centered services for the entire family is 1/4 to 1/8 the cost of residential or psychiatric care for one person.**

When there is a likelihood that, without intensive services, out-of-home placement will occur, referral to an in-home services project would be appropriate. The goal would be to prevent and reduce time in placement and to stabilize families. It could also be utilized when a foster child is returned to the birth home (perceiving the supportive service given as actually a preventive service to ensure the child does not re-enter the foster care system).

A team would identify a family needing this prevention measure and assess the family's situation, develop and/or arrange for the services needed. The team would be composed of professional social workers and trained para-professionals who would be available to families on a 24-hour basis for a period of 90 days to 6 months.

CONTINUUM OF SERVICES

The Department of Children and Family Services has identified a continuum of serivces. The continuum of the four types of services range from less intrusive to more intrusive.

1. Primary prevention programs are offered to the general public in order to develop or preserve family life. They are opportunities for education including family life education, adequate opportunities for recreation and leisure, adequate health care including food and nutrition, opportunities for employment and training, adequate child care and sufficient income maintenance to meet basic needs. These are programs available to all parents by a variety of community resources.

2. Supportive services are offered to children or their parent(s) in their own homes in order to support the potential for effective implementation of parent/child roles, tasks and functions. These services of secondary prevention are voluntary in nature and are designed to serve population groups "at risk" prior to the occurrence of a crisis which would necessitate involuntary intervention.

3. Supplemental services are offered to parent(s) to supplement their efforts in carrying out their parental responsibilities. These services of tertiary prevention may be involuntary in nature and are designed to serve population groups in crisis in order to prevent further family disintegration and/or placement of the children in substitute care.

4. Substitute care services are targeted to serve children who require care outside of their own home to temporarily or permanently replace the biological parent(s). These children cannot be cared for in their own home because one or more of the following conditions exists:

   - The child has special needs which cannot be adequately met by the parent(s), and the child needs specialized care and treatment, i.e., behavioral or emotional disorders or medical needs.

   - The parent(s) are unable to meet the maintenance, nurturing and protection needs of the child.

   - The child has committed an act(s) which requires placement in a correctional facility.

   - The child is in a state of transition and requires special assistance for a permanent living arrangement.

A continuum of services must include:

A. Counseling
   1. Child abuse
   2. Family/marital discord
   3. Behavior disorders
B. Parent training
C. Family based/in-home services
   1. Family work services
   2. Child care services
   3. Homemaker services
D. Transportation services
E. Day care services
F. Comprehensive youth services
G. Services to deal with stresses causes by poverty (i.e. financial, food, shelter)
H. Substance abuse

Supplemental services arranged, provided or purchased by DCFS should include:

- A. Intensive family based/in-home services
    - 1. Family work services
    - 2. Homemaker services
    - 3. Home child care worker services
    - 4. Emergency caretaker services
- B. Respite Care and Shelter Services
    - 1. Comprehensive day care services
    - 2. Foster care services (especially for temporary custody and protective cases)
    - 3. Group care services (especially for temporary custody and protective cases)
- C. Out-of-home supplemental care
    - 1. Transitional living
    - 2. Semi-independent living arrangements
- D. Counseling service
- E. Transportation services

Substitute care services provided or purchased by DCFS should include:

- A. Parental care services
    - 1. Adoptive home services
    - 2. Foster home services
    - 3. Group care services
    - 4. Relative home services
- B. Treatment and rehabilitation services
    - 1. Specialized professional foster home
    - 2. Diagnostic services
- C. Preparation for independence
    - 1. Independent living arrangements
    - 2. Semi-independent living arrangements

PREVENTION SERVICES RECOMMENDATIONS

Recommendation #1: Prevention as well as reunification services should be mandated by state law to provide further emphasis in these areas.

Rationale: Inadequate services to prevent child abuse and neglect cause, at times, unnecessary removal of children from their homes. Far too often, the resources are available only after the child has been removed from the house. Home-based services are the exception rather than the rule.

The quantity and quality of prevention services is unknown on a statewide level.

Recommendation #2: Placement prevention services available in Illinois should be identified and assessed; development of needed resources should be encouraged where they do not exist and strengthened where they are weak. "DCFS rulemaking, 89 Ill. Adm. Code 302.40".

Recommendation #3: Intensive home-based services should be developed in all parts of the state. Services should include: parent education support groups, counseling, respite care, day care, homemaking, money management, parenting skills, health and hygiene, drug/alcohol abuse services, perinatal bonding programs, and anti-poverty programs.

Recommendation #4: DCFS should assume a leadership role in the development of a coordinated plan for the provision of preventive services and include the public and private agencies who serve families and children.

Rationale: A lack of coordination among service providers exists. There appears to be no overall planning of prevention services.

Recommendation #5: The Administrative Offices of the Illinois Courts should also be involved in prevention planning. It should be their responsibility to make sure that all judges and court personnel understand the concept and the implications of prevention, e.g. (1) the need for documentation of reasonable efforts to prevent placement, (2) the need for more vigorous representation by the Guardian ad Litem in assuring provision of prevention services, (3) the need for more intensive court supervision of children that remain in the home, and (4) the need for consistent monitoring of this provision of services.

Rationale: No uniform criteria exist for removal of children from their homes prior to the adjudicatory hearing. The current state law does not specifically require that the court determine whether services can be provided to the family which will protect the child from further harm in his/her home. Courts do not make findings regarding the availability of alternate placements or services which would make the home safe for the child. The agency is not required to document in court the preventive services offered to the child and the family.

Recommendation #6: Crisis intervention (prevention) workers should be created to link with the Division of Child Protection (DCP) investigators. There is a need for obtaining linkage for prevention services at the time of crisis. The Department should consider the creation of intake or assessment workers to provide services at the point of crisis.

Rationale: According to the Multidisciplinary Review Committee of the Child Abuse Inquiry Project, "Too often, cases appear to get lost between investigation and follow-up. There seems to be an unavoidable gap between the time a case is initially seen by a DCP investigator and the time when services are offered. Yet families are often in crisis at the point of investigation and are more apt to both require and be responsive to services".

With Illinois' current set-up, a DCP investigator does not have the capacity or linkage to provide preventive services. Preventive services should be offered to families at the point of crisis. Usually such services are not provided until a judicial determination has been made on the investigation and follow-up staff has become involved.

REUNIFICATION SERVICES RECOMMENDATIONS

Recommendation #1: In order to correct delayed adjudications and dispositions, the Administrative Offices of the Illinois Courts should encourage the development of a monitoring mechanism.

Rationale: In many counties, dependency/neglect cases in juvenile court are far behind schedule. Some courts do not comply with legally-stipulated time frames. Moreover, there is no routine local administrative monitoring of court compliance, no effective statewide court data system that measures compliance and no means of ensuring accountability of performance against standards.

Recommendation #2: Visitation policy mandated by DCFS should be enforced and documented.

Rationale: One of the only ways to maintain bonding between child and parents is through regular visits.

Report of the Rules and Regulations Committee

Rules, regulations and policy regarding permanency planning were reviewed by Committee members. On paper, rules, regulations and policy generally were thorough, thoughtful, well-written and responsive to federal and state mandates.

The Committee notes, however, the lack of conformity of practice in specific areas, but also recognizes that failure to comply was likely due to high caseload, regional administrative differences, lack of consistent enforcement, and a lack of communication.

PROBLEMS IDENTIFIED

There is substantial conflict in many counties between local court rules and regulations and policies of the Department of Children and Family Services in the areas of permanency planning and adoption.

* Communication problems exist between the many segments of the juvenile justice system (judges, state's attorneys, public defenders, guardians ad litem, private bar, DCFS, probation, and private service providers).

* Judges, state's attorneys, public defenders and guardians ad litem often lack adequate knowledge in juvenile law, philosophy of permanency planning, and regulations, policies, and procedures of DCFS and all need training in this area.
* DCFS caseworkers at times do not follow their own regulations or policies.
* DCFS caseworkers have caseloads which exceed their own workload standards and they are therefore unable to meet the department's contact standards.
* Changes in DCFS policy are not properly transmitted on a timely basis to the courts, court attorneys, probation, and private service providers.
* Community resources are inadequate to meet service needs in some areas of the state and overabundant in others. In many cases, these resources are not fully utilized due to budgetary limitations.
* There is often little consideration given to providing "in-home services" in place of out-of-home placements. This is often due to a lack of available in-home services.
* The rapid rotation of judges, state's attorneys and public defenders assigned to the juvenile court calendar results in confusion and a lack of knowledge and understanding of the juvenile system.

TRAINING

The content of training for judges, state's attorneys, public defenders, guardians ad litem, DCFS caseworkers, and probation officers regarding permanency planning and adoption is rather simple:

1. Relevant Illinois statutes and case law
2. Philosophy and importance of permanency planning
3. DCFS regulations and policies
4. Community resources and alternative programs

The method of delivering this training to the diverse group needing it is much more complex.

Historically, training of judges has been the responsibility of the Administrative Office of the Illinois Courts and is coordinated by the Executive Committee of the Illinois Judicial Conference. Some judicial training is mandatory, but other specialized topics are presented in regional seminars and are elective. All judicial training in Illinois is funded by the state.

In order to reach the target training population, permanency planning training would have to be presented annually on a regional basis and would have to be mandatory for all judges hearing juvenile cases.

One alternative to this would be a correspondence type course with comprehensive reading materials.

State's attorneys are independent elected officials, and mandatory training would require statutory requirements. Such training could be conducted regionally by the Illinois Center for Continuing Legal Education or Sangamon State University Center for Legal Studies. Training of public defenders may need to be restructured to blend with training for the other components of the system.

Training for probation personnal is the statutory responsibility of the Administrative Offices of the Illinois Courts - Probation Division. A new course would have to be developed on permanency planning and adoption.

RECOMMENDATIONS

Recommendation #1: All judges in the State of Illinois or at least all county law libraries should be furnished with a complete set of DCFS regulations and updates. The administrative bodies of groups identified in Recommendations 1, 2 and 3 must provide the Department with names and addresses and should ensure timely updating.

Raitonale: The frequent changes in judges and associate judges of the circuit courts assigned to hear juvenile matters combined with the numbers, complexity, and frequent modification of DCFS regulations on adoption placement and permanency planning make this recommendation absolutely necessary.

Recommendation #2: All state's attorney's offices should receive a copy of all DCFS regulations and updates.

Rationale: Assignment of assistant state's attorneys to the juvenile court call changes frequently. These assistant state's attorneys have little training in juvenile law and even less knowledge of complex and frequently-changing DCFS rules and regulations.

Recommendation #3: All DCFS pilicy, procedures and regulations as well as changes and updates should be communicated to probation staff.

Rationale: Most Illinois probation departments are involved in foster care placement and permanency planning for youth. Many also conduct adoption investigations. Accurate information on DCFS regulations and policies is critical.

Recommendation #4: All DCFS policy, rule and regulations changes should be communicated to DCFS staff in an effective and timely manner, preferably through in-service regional training meetings.

Raitonale: All too frequently, complex policy changes are communciated to DCFS staff by way of administrative memoranda; this does not afford staff the opportunity to ask quesitons and fully understand the DCFS regulations, rules and policies and updates.

Recommendation #5: Meetings should be held between the Administrative Offices of the Illinois Courts and DCFS to assure consistency between local rules and local and regional DCFS policy and practice.

Rationale: Frequent conflicts and inconsistencies between local court rules and local and regional DCFS policies and procedures exist. This often leads to delays, confusion and frustration for all parties involved in placement and guardianship proceedings. DCFS caseworkers demonstrate a lack of understanding as to what is expected of them from a legal standpoint.

Recommendation #6: Regulations and procedures governing termination of guardianship for Cook County wards should specify a time limit for termination of guardianship after the ward has been returned to the custody of his or her parent.

Rationale: In downstate Illinois, local court rules provide for termination of guardianship within 90 days after the ward has been returned to parental custody. This procedure appears to help normalize and stabilize the family unit. In Cook County, there is no such rule and guardianship may often remain with the court for many months or even years.

Recommendation #7: A sufficient number of DCFS caseworkers should be hired to enable the Department to reduce caseloads to a level which would allow caseworkers to meet all worker contact standards and provide for at least weekly visitation between parents and children in foster care whose permanency goal is "return home". "DCFS rulemaking, 89 Ill. Adm. Code 302.40".

Rationale: DCFS caseworker caseloads are presently too heavy to allow workers to achieve DCFS prescribed case contact standards for children in placement. This situation is detrimental to the child, natural parents and foster parents and frustrating to the caseworkers. There is little or no time to properly arrange and coordinate regular visitation with parents for children in foster care.

Recommendation #8: There is a need to assess and identify all placement prevention services available in Illinois, encourage the development of such resources where they do exist, and strengthen them where they are weak. "DCFS rulemaking, 89 Ill. Adm. Code 302.40".

Rationale: The quantity and quality of placement prevention services is unknown on a statewide level. There is a need to do a complete assessment of these programs, encourage and utilize those that exist, and promote development of these resources where none exist.

Recommendation #9: The adoption assistance policies and regulations of DCFS should clearly state that adoption assistance should be based on the needs of the child and not on the financial status of the adopting parents. This should also apply to policies of all other adoption agencies.

Rationale: Public Law 96-272 requires such a provision. The practice of restricting adoption opportunities to the more affluent families substantially reduces the potential pool of adoptive parents and ignores many other factors of equal or greater importance to the children seeking adoption.

Recommendation #10: There is a need to develop regulations requiring formalized training for all new foster parents with required follow-up training annually. DCFS should request and the Illinois General Assembly should annually appropriate sufficient funds for this purpose in a separate designated line item of the DCFS budget.

Rationale: Foster parenting requires special skills, sensitivity and understanding. It is a disservice to children in foster care and foster parents to not provide basic specialized training to prospective new foster parents. The training period also provides the agency with an opportunity to assess the suitability of some prospective foster parents.

Recommendation #11: Client service plans should be directly addressed to family problems, including the relationship between the parent(s) and the child(ren) and the home situation.

Raitonale: Client services planning should be more focused on family problems and family relationships rather than on individuals.

Recommendation #12: Permanency planning regulations and policies should be applicable to all children for whom the Department is responsible, no matter what type of services they are receiving. Children in all types of placement settings should have formal administrative case review at least annually.

Rationale: Every child placed outside his or her home -- whether in a foster home, a group residential setting or institution or in a relative placement -- has the same right to have his/her case reviewed by a court or administrative review process at least annually to assure that his/her best interests are being served.

Recommendaiton #13: The Illinois Juvenile Court Act should be amended to require a status hearing on each case 30 days prior to statutorily mandated date for the adjudicatory hearing.

Rationale: The amendment to Chapter 37, Seciton 704-2 would substantially reduce adjudications and reduce unnecessary court appearances and delays. It would assist in forcing all parties in a case to properly prepare and expedite the flow of cases through the juvenile courts.

Recommendation #14: The Illinois Court Act, Section 704-2 should be amended to more clearly require that all cases involving abuse and neglect be adjudicated within 120 days from the day the petition is filed.

Rationale: Present Illinois law requires such a time frame but is vaguely worded and considered in some jurisdictions as a suggestion rather than a requirement.

Recommendation #15: Illinois judges, state's attorneys, guardians ad litem, and public defenders serving in the juvenile courts should be required to participate in a 20-hour course of continuing legal education which includes juvenile law and procedure, permanency planning and its importance, and DCFS regulations and policies.

Rationale: Most judges, state's attorneys, guardians ad litem and public defenders are inadequately prepared for this area of law which is complicated by many regulations, rules, policies and procedures. A short educational program of this type would be time and money well spend in improving the quality of juvenile justice in Illinois.

Recommendaiton #16: Illinois law concerning child welfare services should be closely modeled after Public Law 96-272 and should mandate the provision of prevention, reunification and adoption services.

Rationale: Public Law 96-272 is a comprehensive federal law that also can serve as a model act for state adoption and permanency planning. State compliance with this Act is required for much federal funding.

Report of the Training Committee

The Training Committee of the Task Force was responsible for setting up two training sessions for judges, state's attorneys, public defenders, guardians ad litem, DCFS and volunteers.

Two and one-half day training conferences -- one in Springfield and one in Chicago -- were attended by 130 persons. Agendas for the conferences are included in this report.

The conferences were also the perfect opportunity for judges, attorneys and DCFS to share their perspectives on permanency planning in Illinois.

ILLINOIS TASK FORCE ON PERMANENCY PLANNING
Sponsored by the National Council of Juvenile & Family Court Judges

Conference on Permanency Planning - June 6, 7 & 8, 1985

Thursday, June 6th:

3:00 - 6:00	Registration
6:00 - 7:30	Dinner
7:30 - 8:00	Welcoming Remarks: The Honorable Arthur N. Hamilton, Cook County Lead Judge Robert O. Washington, Ph.D., Dean of Social Work University of Illinois The Honorable John DeLamar Champaign County Sandra Nathan, National Council of Juvenile and Family Court Judges
8:00 - 8:45	"The Psychological Impact of Delays on Children" Anthony Veronico, Child Welfare League of America

Friday, June 7th:

8:30 - 9:00	Continental Breakfast
9:00 - 10:00	Introduction by Sandra Nathan, National Council of Juvenile & Family Court Judges "P.L. 96-272" - The Adoption Assistance & Child Welfare Act of 1980 The Honorable George Peterson, Minneapolis, Minnesota Illinois Response by The Honorable Thomas H. Haney, Williamson County, Illinois Paul Freeland, Executive Deputy Director, Department of Children & Family Services
10:00 - 10:45	Temporary Custody Thomas Villiger, Deputy Director, Division of Child Protection, Department of Children & Family Services Carol Amadio, Assistant Counsel, Department of Children & Family Services Other DCFS Staff

10:45 - 11:00	Break
11:00 - 11:45	Adjudication Terry Ragazzini, Assistant State's Attorney, Cook County
11:45 - 1:30	Luncheon Speaker: Gordon Johnson, Director of the Illinois Department of Children & Family Services Introduced by Dean Robert O. Washington

Saturday, June 8th:

8:30 - 9:00	Continental Breakfast
9:00 - 10:45	Carmen Ray, National CASA Association Mary Lou Dominguez, Arizona Supreme Court on review boards Introduced by Pam Elsner
10:45 - 11:00	Coffee Break
11:00 - 12:00	Open Discussion
12:00 - 1:00	Luncheon
1:00 - 2:30	Termination of Parental Rights - Open Discussion Facilitator
1:00 - 2:20	CASA Implementation

CONCLUSION

The Task Force is now in the second stage of the project sponsored by the National Council of Juvenile and Family Court Judges. After the release of this report, a Key Decision and Policymakers meeting will be held in March, 1987, to obtain the response of Illinois' decisionmakers to the recommendations of the Task Force.

The Task Force is continuing its work through February, 1988. The major focus of the Task Force will be the creation and expansion of prevention and home-based services in Illinois and the implementation of the Task Force recommendations.

For more information on Task Force activities, call (312) 579-0179.

INSTITUTE FOR CHILD ADVOCACY
[illegible] EUCLID AVENUE
CLEVELAND, OHIO [illegible]
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PUBLIC LAW 96-272 - FACT SHEET

WHAT IS P.L. 96-272?

Public Law 96-272, the Adoption Assistance and Child Welfare Act, was enacted by Congress in 1980. The law is a fairly comprehensive set of provisions aimed at redirecting federal fiscal incentives away from out-of-home placement and into preventive services to keep troubled families together. Where removal is necessary P.L. 96-272 promotes family reunification or adoption, as appropriate. The law als provides for federal reimbursement of adoption subsidies for children with special needs.

P.L. 96-272 conditions state eligibility for increasing levels of federal fund on the development and implementation of services and procedural safeguards to promote quality care and permanence for children. The requirements and funding of P.L. 96-272 are divided into two program categories: Title IV-B Child Welfare Services and Title IV-E Foster Care and Adoption Assistance. Several of the most important provisions of each section are briefly described below.

Title IV-B

To be eligible for its share of appropriations in excess of $141 million, a state must certify that:

1. It has completed an inventory of all children who have been in care for six months or more. The inventory must include for each child a determination of the appropriateness of and necessity for his or her current placement and the services needed to facilitate a return home or other permanent (usually adoptive) placement, as appropriate.
2. It has implemented a state-wide information system that provides data on demographic characteristics, legal custody status, placement characteristic and placement goals.
3. It requires a case plan for each child in foster care. The case plan must describe the appropriate placement and services for the child, specify how the agency will provide them, and assure that the child will be served in the least restrictive (most family-like) setting possible and as close as possible to the parent's home.
4. At least every six months it provides for every child in foster care a court or administrative case review to evaluate progress on the case plan. Additionally, it assures each child in care a periodical dispositional hearing in court to evaluate the appropriateness of the placement.
5. It applies certain procedural safeguards to protect the interests of child and parent when agency decisions are made to move the child or to change parental visitation arrangements.

6. It has a reunification program designed to facilitate the return of children to their families.

7. It has a program to promote the adoptive placement of children who cannot return to their families.

A state may receive federal reimbursement for a portion of the foster care costs for children who have been voluntarily placed by their parents if the state further certifies that:

8. It has a program of preplacement preventive services designed to help children remain with their families.

9. Voluntary placements are based on written agreements that specify the rights and obligations of all parties.

10. Voluntary placement agreements are subject to individual review within six months of the placement.

Title IV-E

To receive federal reimbursement for a portion of the cost of certain adoption subsidy payments before October 1, 1982, and to receive federal reimbursement for adoption assistance and foster care after October 1, 1982, the state must additionally certify that:

11. It has an adoption assistance payment program for "special needs" children which meets certain specific criteria.

12. It makes children who are eligible for foster care or adoption assistance payments eligible for Medicaid and Title XX.

13. It has established state-wide standards for foster family homes and institutions.

P.L. 96-272 is good law. It is an expression of good social policy -- recognizing the importance of permanence for children. If implemented properly, it encourages states to perform their child welfare responsibilities in accordance with standards of good social work practice and up-to-date knowledge of child development. It promotes the preservation of families and the permanent placement of children whose original families cannot be maintained intact.

Further, P.L. 96-272 represents good fiscal policy. The Children's Defense Fund has projected that by discouraging expensive foster care and institutional placements in favor of preventive and reunification alternatives, P.L. 96-272 could save over $4 billion over the next five years.

ADOPTION ASSISTANCE & CHILD WELFARE ACT OF 1980

PL96-272

TIMETABLE FOR P.L. 96-272 CHILD WELFARE REQUIREMENTS

Because the provisions in P.L. 96-272 are so complex, with numerous dates for requirements to be met, CWLA has compiled this brief synopsis for the provisions concerning child welfare services and foster care for your information.

EFFECTIVE JUNE 17, 1980

- States must file claims for Federal matching funds within two years under Titles IV-A, IV-B, IV-E and XX, SSI, Medicaid, and other Social Security Act programs
- changes in Title IV-B program

EFFECTIVE FISCAL YEAR 1980 (OCT. 1, 1979 - SEPT. 30, 1980)

- Services program for SSI children extended to September 30, 1982

EFFECTIVE FISCAL YEAR 1981 (OCT 1, 1980 - SEPT. 30, 1981)

- Federal foster care funds available for children placed with a voluntary placement agreement to States which have implemented services, protections, and procedures required for receipt of Title IV-B funds in excess of $141 million until September 30, 1983
- unused 1980 supplemental Title IV-B funds remain available through FY 1981
- Title IV-B funds shifted to advance funding basis beginning FY 1981 for FY 1982 program
- optional adoption assistance program
- four year ceiling for foster care program if specific Title IV-B funds are appropriated:
  $ 163.55 million for FY 1981;
  220 million for FY 1982;
  266 million for FY 1983; and
  266 million for FY 1984
- optional shift of Title IV-A foster care program to new Title IV-E capped program
- Title IV-B appropriations must be at least $163.55 million to impose foster care cap

EFFECTIVE FISCAL YEAR 1982 (OCT. 1, 1981 - SEPT. 30, 1982)

- services to SSI children expires September 30, 1982
- optional shift of Title IV-A foster care program to new Title IV-E capped program
- optional adoption assistance program
- Title IV-B appropriations must be at least $220 million to impose foster care cap

CHILD WELFARE LEAGUE OF AMERICA, INC.
67 IRVING PLACE
NEW YORK, NY 10003
(212) 254-7410

EFFECTIVE FISCAL YEAR 1983 (OCT. 1, 1982 - SEPT. 30, 1983)

- Title IV-A foster care shifted to Title IV-E by October 1, 1982
- States must establish goals, by law, for the maximum number of children in foster care over 24 months by October 1, 1982
- adoption assistance program required by October 1, 1982
- Title IV-B appropriations must be at least $266 million to impose foster care cap

EFFECTIVE FISCAL YEAR 1984 (OCT. 1, 1983 - SEPT. 30, 1984)

- preventive and reunification services and development of case plan for proper care under Title IV-E required by October 1, 1983
- judicial determination requirement in the case of involuntarily removed children, to include judicial finding that reasonable efforts were made to prevent placement, or to help child return home must be effective by October 1, 1983
- voluntary placements no longer eligible for Federal funds
- States required to continue to comply with adoption assistance agreement regardless of whether adoptive parents remain residents of the State by October 1, 1983
- Department of Health and Human Services report to Congress on new Title IV-E program due by October 1, 1983
- Title IV-B appropriations must be at least $266 million to impose foster care cap

APPROPRIATION LEVEL REQUIRED TO IMPLEMENT TITLE IV-B PROVISIONS

- for States to receive their share of Title IV-B funds in excess of $141 million, they must have:
- conducted an inventory of all children who have been in foster care over six months
- implemented a statewide information system on children in foster care
- implemented a case review system for each child in foster care designed to achieve placement in the least restrictive setting, in close proximity to home, and provide procedural safeguards to children, parents and foster care providers
- implemented a services program designed to assist children, whenever possible, to return to their home to be placed for adoption or legal guardianship
- in addition to the other provisions, when States have received their share of the full authorization, or $266 million, for two consecutive years, they must have implemented a services porgram designed to prevent the need for removing a child home or else the State's share of Title IV-B funds will be reduced to its share, $56.5 million

Prepared Statement of Sarah Rood, Fort Wayne, IN

Children are battered, neglected, molested and sexually abused.

They are damaged emotionally as well as physically. Sometimes they die from their injuries. This is called child abuse or manslaughter or whatever legal term applies.

This can and does happen to children when they are returned to their homes from foster care.

As a foster parent for Allen Co. Indiana, I find the present welfare system inadequate and inconsistent. I also believe the practice of sending children back after 18 months or less to their families for more abnormal treatment is insane. Often the kids' families are little more than unrehabilitated adults who, even though they have attended--somewhat begrudgingly--some counseling sessions, don't actually change, and the children go back to being beaten, neglected and molested.

One of my five kids, a sandy-haired boy named Tim is third generation welfare. If the system was effective, Tim wouldn't be here. A solution would have been found for this dysfunctioning family years ago--termination (of parents rights) or rehabilitation of his grandparents.

But rehabilitating the families is another issue, or should be. It can be an expensive and time-consuming task. Caseworkers who are overloaded with cases are expected to work with the family--get them into counseling, protect their rights etc., and to protect the welfare of the children. In the end neither job gets done satisfactorily.

The adults can be, and are extremely vocal about their wants and rights.

But who speaks for the children. Their needs and right to have a decent and sane childhood are usually overlooked in the system's mad rush to rehabilitate the adults.

We foster parents try. Every one of my kids, ages 6 to 15 years, have had their own used bike which they helped pay for from their allowances and a chance at swimming and piano lessons if they want it. They maintain A or B averages in school and several have a perfect attendance record. They never had this where they came from. But they are sent back.

I now have legal custody of two of my former foster kids and another one who comes back on weekends because their families said to me, "We can't take care of this kid, will you take him/her back."

For me, this says it--the present welfare system doesn't work.

We absolutely need much more emphasis on protecting these children and their futures. They are our future.